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EDITORIAL COMMENT



CENTRAL REGISTRIES AND THE IDLE NURSE

RECENTLY at a little gathering of kindred spirits at a Sunday night tea, one of the problems which crept into the conversation was that of the newly graduated nurse, leaving the hospital without money after her long term of service, with oftentimes many weeks to wait before securing her first case. At the same time instances were cited of nurses in our own city who for weeks must remain idle during the long summer and fall season when the health of the people of this community is especially good.

We seem to see in the various directory discussions which have taken place during the past year a possible solution of such problems of the private nurse. For instance, at the annual meeting of the New York State Nurses' Association, held in New York in October, the motion was carried that the incoming president should appoint a committee to investigate and report on the feasibility of establishing a central directory for nurses of the state of New York. In Maryland, a state registry means practically a Baltimore registry. In a state like New York, a state registry should mean more than service to the nurses of New York City.

We seem to see in the dim future a network of central registries through all the states,—one central headquarters established by each state association and under its direction and supervision, with a ramification of county registries reaching out to all the larger centres, each to cover a prescribed territory, with an interchange of information and credentials by which nurses from the idle sections can be transferred to places where they are especially needed, and where an established

club-house or hotel will make such a transfer simple and inexpensive for the nurse. This would give her a change of environment and often-times of climate, two factors so essentially important in the maintenance of health and enthusiasm. Then, to carry out Mrs. Robb's suggestion, these same centres would become the natural recruiting agencies for the Red Cross, for the army and navy, and for every form of institutional or social position.

We believe we are on the verge of such a movement, that the success of such registries as those controlled by the Boston Nurses' Club, the graduate nurses' associations of Washington, Cleveland, Toronto, and other cities, and of the splendidly thought-out plan about to be put into operation in Maryland, described by Miss Martin at the New York state meeting and given in this issue, justifies the taking of definite steps throughout the whole country in establishing such a chain of registries.

The one great stumbling block in all the registry discussions heretofore has been the unwillingness of small groups of women to trust one of their members for the impartial administration of the affairs of the registry, and the plan submitted by Miss Martin of calling a nurse from another section of the country to act as registrar seems in a great degree to solve this part of the difficulty.

We seem to see in this plan new fields of occupation for the women who have spent their younger years in nursing service, who possess through experience knowledge of the needs of both the people and the nurses, who may naturally look to such positions as a means of continuing in active usefulness to their profession. We see again an opportunity in the management of club-houses for a place for still another group of women in whom the mother instinct is strong and the milk of human kindness not dried up, who would find in service to their younger fellow workers, in looking after the domestic side of the management of such clubs, a congenial occupation.

In connection with such directories, provision could be made for a credit system for the new graduate, a loan if need be, which would enable her to take the state examination promptly and to live at the club without anxiety of mind while waiting for her first case. Assistance could be given also, along the same lines, during periods of enforced idleness to those nurses whose obligations are such as to make them unable to accumulate, all on a reasonable business basis, having the welfare of the members at heart rather than as a dividend-paying corporation. Profits, if such there are, and we feel sure there would be under a wise business management, should be turned back

for better living conditions for the whole body of registered nurses and for more efficient service to the public.

In our message of a year ago we urged upon nurses of the country two definite lines of work, the first, of completing the reorganization of the national and local associations; the other, provision of some kind for care of the great middle class. The reorganization plan, as is well known, was acted upon favorably at the Minneapolis meeting, and a committee to submit recommendations for such was appointed and is now at work.

The care of the great middle class, so far as the nursing body is concerned, remains unchanged. We see in a system of state and county directories a greater possibility of meeting this need than has yet presented itself. A sliding scale would be possible with all the states acting together, or a fund might be created upon the lines of the Crerar Fund in Chicago by all the registries acting together.

What we need greatly in this country, now that our registration laws are so generally in operation, is some means of supervision over registered nurses for the control of abuses and the holding them to a general standard of ethics. It has been proven that the alumnae associations have not been able to maintain such supervision and the central directory would seem to be the natural channel through which such supervision should be exercised on such matters as the re-registration of certificates, the illegal use of the R.N., etc., which at the present time are hard to locate and follow.

TWO INSTRUCTIVE CONVENTIONS

THE quiet city of Rochester was enlivened during the second week in November by two conventions of great interest, that of the State Federation of Women's Clubs, and of the State Health Officers. It was also the busy time of the month in the JOURNAL office, so that the editors could not attend many of the sessions, but they found much of value in those papers and discussions they did hear. We give some points which may be of value to the members of our societies.

The delegates to the Federation wore badges much like those we have at our national meetings, but with a little frame 2 inches long and three-fourth inch wide at the top in which was a card with the wearer's name and to which the pin was attached. This helped the identification of individuals. The hall was decorated with peace flags, which were new to us. The international peace flag has a white ground with a rainbow stripe diagonally across it, thus combining the colors of the flags of the world. Each country has for its individual peace

flag its own flag, set on a white ground, with pennants floating at the top, one of which bears the words in gold letters on a white ground "Peace to all Nations."

There was, as always in such places, a great deal of disturbance by whispering in the audience and by continual passing in and out during the reading of papers. It would be well at such times to adopt the rule of some churches and admit late comers only after each item on the program is finished, not trying to continue the session until all are seated.

Several familiar sounding appeals were made for better support of the state and national magazines, and complaints of the few who respond when nominating blanks are sent out.

One person in giving directions to the speakers said: "Speak slowly and plainly, address both sides of the room, speak the last part of each sentence as distinctly as the first," and we would add to this, "hold the chin high and address those in the back seats."

The chairman of the press committee told of the interdependence of the clubs and the press and made a plea for mutual courtesies. In regard to the attitude of the individual woman toward publicity, she said: "Do not seek it and do not stubbornly avoid it. A woman should accept publicity if by so doing she can advance the cause for which she is working. Neither run toward nor away from newspaper publicity; when it comes, give your story simply, then turn the subject and show your interest in something beside yourself." One practical hint in regard to preparing reports for publication was that the first paragraph should contain the gist of what one wants to say. Then if, for lack of space, the article is cut down, the important part is left.

The report on probation work in connection with the courts in New York City showed the thorough way in which the probation officers are working to help the women of the street and to lessen vice. The night court, where cases are brought speedily to justice, has been a help, and Waverly House, recently opened, gives a home for girls who have no place to go while employment is sought for them. A plea was made for a woman's court in every city.

The report on prison reform told of the great work done by Superintendent Collins, who is making the prisons places of instruction rather than of punishment alone. New York State stands almost at the head of the world in its treatment of prisoners. Although the buildings themselves are not yet all that can be desired, they are being improved, and the new prison at Bear Mountain will be a model, with enamelled cells with rounded corners, vermin proof. The lock step has

been abolished, as a man never forgets it and it marks him forever. The prisoners walk with a military step, heads erect. Shaved heads have also ceased to be seen. Stripes have been replaced by plain gray clothes, the first-, second-, or third-term men are distinguished by disks of different colors. A man cannot now come in for a second or third term and go back to the easier or pleasanter prison tasks; these are reserved for first-term men who, by good conduct, have won special privileges. A system of bars and stars marks the grade a man has reached, and the higher he goes the more privileges are granted, such as writing and receiving letters more often, receiving magazines or papers, and purchasing little comforts. Each man now has his own underclothing, marked as his, and the mess halls have been transformed by the use of white plates and bowls in place of tin. The behavior of the men in the mess halls underwent a change equal to that in the dishes when this improvement was put into effect one Thanksgiving Day.

All the prisons have a graded school system and the men all attend school for at least one hour a day. They may study not only the common branches but the languages, book-keeping, and mechanical drawing. The teachers are prisoners who are high school graduates under the supervision of outside teachers. Thus a man is prepared for something beside vice when his prison life is ended.

Tuberculosis among prisoners has been reduced 70 per cent. by sending all so affected to Dannemora, where it was found that such patients improved more rapidly than elsewhere.

There is only one prison for women in the state, with an average of one hundred inmates, who enjoy the same privileges as the men.

Dr. Rosalie Morton, of New York, outlined the plan being carried out by the women members of the American Medical Association all over the country of educating the people in hygiene and prevention of disease by the means of lectures on timely subjects. The co-operation of club women everywhere is hoped for in this campaign.

The lines of work for the year were summed up in the following resolutions: on suppressing sensational reports of crime in the press, the establishing the Children's Bureau in Washington. A third asserted that the women were willing to help on the fight to suppress the white slave traffic. Other resolutions opposed billboard indecency, favored legislation protecting the rights of women to property of husbands who die intestate, and favored the forming of hygiene committees in clubs.

At the health officers' meetings some interesting discussions were

heard on the subjects of pure milk and of the use of benzoate of soda. A college professor asserted that clean milk was an impossibility, that it would ruin the farmers to comply with the conditions necessary to produce it, and that they as well as the public should be considered. He stated that there should be different grades of milk at different prices, just as there are grades of cotton cloth. He made his arguments pleasing to the more ignorant of his hearers by telling stories which amused them, as when he described milk, which was used at a large college dining hall where four hundred women students took their meals, as having a distinct odor of the cow. "What would they have thought," he said pleasantly, "if I had told them they were drinking liquid fertilizer?"

An earnest young doctor described in detail some experiments made on a healthy man by giving him daily for two weeks new cider containing benzoate of soda, and its bad effect on the urine, his swollen face and eyes, symptoms evident even to the layman. An equally plausible talker tore this evidence to pieces, saying that the bad symptoms were due to the cider and that the benzoate of soda was not harmful, because the natural acids of the stomach neutralized it when it is used in small quantities as a preservative. Dr. Goler, well known throughout the country for his fearless work for the public health, said: "Gentlemen, the gist of the whole matter is this: do we want to be fed benzoate of soda as food?"

We do not recall any discussion of public health questions among nurses where commercial interests have been upheld at the expense of human welfare. It is this attitude which makes all progress so slow and discouraging.

MEETING OF THE SOCIETY FOR MORAL AND SANITARY PROPHYLAXIS

EVIDENCES of a steady extension of the propaganda for moral and sanitary prophylaxis were given at the opening meeting of the American society devoted to this special crusade, at the New York Academy of Medicine in October. The president's report and survey of the country showed a surprising and gratifying development of associations devoted to carrying on this work. Cities dotted across the continent to the Pacific and down to Mexico report active associations, public lectures, conferences, and a demand for instructive literature that can scarcely be kept up with. Maryland and Pennsylvania each sent a representative in person to describe the growth and work of state societies which have evidently already taken positions of great forcefulness and usefulness.

An interesting incident occurred when one of the speakers in dis-

cussion suggested that the work in a large western city might go down if a small group of men were removed. In reply a lady arose and with deep earnestness declared that the movement could never die down in that city no matter who was removed, because the whole intelligent body of women resident there was kindled with a fiery determination to carry on an unfaltering warfare with the evil.

The Maryland State Society has developed an interesting line of work in going directly to young working women in their shops and factories with educational talks and warnings.

At the recent meeting of the Pennsylvania State Federation of Women's Clubs this subject formed the serious occupation of one morning's session. All these signs point to a great awakening of our people to this great moral cause.

IMPORTANT ACTION ON ALCOHOL

THE report of the twelve delegates from the United States to the International Congress on Alcoholism, held in London last July, has recently been made public. Twenty-five countries were represented by delegates, and these were unanimous in signing the findings of the congress which are summed up in the statement that alcohol is not necessary to human life and comfort, but is inimical to both. More rigid restriction of the liquor traffic was urged and an increased education of children as to the harmful effects of alcohol on the human system.

PROGRESS OF STATE REGISTRATION

WE understand that the Board of Nurse Examiners of Pennsylvania has held a protracted meeting in Philadelphia, the special work of that session being the preparation of a curriculum. The members are greatly pleased with the progress that is already being made. They feel that the bill has worked wonders in the state. A number of schools have been reorganized and others are adding to their courses of instruction, etc. This is particularly encouraging, when we remember the length and bitterness of the struggle the Pennsylvania nurses were subjected to before securing the passage of the law.

The Illinois board has drafted an excellent curriculum, printed in this *JOURNAL*.

In Michigan the appointing power is entirely in the hands of the governor, and the nurses have been greatly disappointed in one of the nurse members selected, Miss Galbraith, a graduate from the Butterworth Hospital in January, 1909, who, under the terms of the

law, is disqualified to serve from the fact that she has not had five years' experience in nursing as it requires. A committee from the state association drafted a resolution of protest and presented it to the governor, who very frankly stated that the substance of the law had slipped his mind, that the appointment was made to grant a request of a senator (who is a brother-in-law of Miss Galbraith), that the matter was now beyond his jurisdiction and would have to be taken up with the attorney-general. We are not yet informed what the outcome is to be. One would think that a woman with proper appreciation of the obligations of her profession would hardly wish to serve under such conditions, and we hope to hear that Miss Galbraith has relieved her associates from this embarrassing position by voluntarily withdrawing.

THE PACIFIC COAST JOURNAL

THE October number of the Pacific Coast Journal gives, in the report of the state meeting, a suggestion made by Lucy Fisher, graduate of the Cooper Hospital, of Camden, New Jersey, long a resident in San Francisco, that "the Pacific Coast Journal affiliate with the AMERICAN JOURNAL OF NURSING on broadly patriotic and economic lines," but action was deferred until another year. While such a plan might be put in operation to the great pecuniary advantage of the AMERICAN JOURNAL, we feel that such a step would be one of retrogression for the nurses of the Pacific Coast and that it would also show a great lack of appreciation of the work done by a few women in establishing that journal, especially that of the editor, Miss Cooke. The Pacific Coast Journal has been a great educator for all nurses west of the Rockies and nothing but absolute bankruptcy would, it seems to us, justify its abandonment. We do not understand that this suggestion was made because of any financial difficulties.

A CORRECTION

IN our November number, through a misunderstanding on the part of the editor, the paper on Model Tenements was credited to Miss Thornton. We wish to explain that the paper was sent in by her, but was written by Miss Gertrude Barnum, who neglected to add her signature and to whom we apologize for the error.

MISS DAVIS'S RETIREMENT

MISS M. E. P. DAVIS retired from the business management of the JOURNAL on October 1 and will soon assume her duties at the head of the central directory in Washington.

To her more than any one person the *JOURNAL* owes its existence. As chairman of the committee on periodical of the Associated Alumnae, she worked out the financial side of the proposition, giving of her own time, strength, and money to overcome all obstacles until the *JOURNAL* was fairly launched as the official organ of the association. As president of the American Journal of Nursing Company she guided its business policy, even in its minutest detail, for more than three years and until the constructive period was safely passed.

Miss Davis has been a pioneer worker in many fields, serving in the district nursing field in Boston in the early days of that work, holding a number of important hospital positions both in general hospitals and those for the insane. She has been a charter member and active worker in our organization life, and we congratulate the nurses of Washington in having secured her to further develop and broaden the usefulness of their central registry. For the first time in its history, the *JOURNAL* is without her guiding hand.

THE JOURNAL PURCHASE FUND

THE returns for the *JOURNAL* Purchase Fund are coming in so splendidly, as the result of Miss Palmer's appeal at Minneapolis, that it really begins to look as if the entire amount might be secured before the next meeting of the Associated Alumnae in June.

So far the receipts show mostly sums of money voted from the treasuries of the affiliated associations or gifts of *JOURNAL* stock owned by them. Just what success the associations are having with the fifty cent contributions of individuals we do not know, as these returns will very likely be the last, as the plan involves a good deal of personal effort on the part of a few people. A number of shares and some contributions received since Miss Davis's report was made up, or promised and not yet paid over, bring the amount in sight, according to our estimate, to at least forty-two shares and it seems probable that by the first of January this may be increased to fifty.

JOURNAL ownership is the one great undertaking of the Associated Alumnae of lasting and tangible form,—just as the course in Hospital Economics is the practical result of the efforts put forth by the Superintendents' Society. Each occupies an important place in nursing education and progress, but the *JOURNAL* reaches out in its influence more broadly over the world, serving all nurses alike as a connecting link between the lonely workers in far distant places and those in the great centres. It is the medium holding all the nurses in all the states together, enabling them to go forward on practically uniform lines. Without it

the course at Columbia could not have been so effectively developed, state registration would have been impossible to accomplish in so short a time, and the thousand and one useful and brilliant suggestions which it has been the means of heralding would have remained dormant in the minds of the originators and have been lost to the profession.

Every nurse who is a member of an affiliated society should feel it a personal obligation to contribute fifty cents to this cause. It is not an assessment, which is mandatory, but a privilege. The complete ownership by our national association is a fitting celebration for the tenth anniversary of the *JOURNAL*.

HOLIDAY GREETINGS

Own
MAY the Christmas season bring happiness to each member of the *JOURNAL* family wherever she may be,—either by way of personal joy of a merry reunion with friends or family, forgetting all care and renewing youth, or by putting self aside in bringing Christmas cheer to the lonely and forlorn in hospital or slum or home of luxury.

In our younger days the merriment of the season is uppermost, and happy is the person who never loses her joy over the shining tree or the Christmas stocking, but as we grow older the peace and good will of the angels' first Christmas message appeal to us more deeply and we like to stop in the midst of the crowded days of the year to let peace enter our hearts, to cast out all thoughts that are unkind and uncharitable, all unfair judgment, all possible misunderstandings, to look on our fellowmen with the eyes of loving sympathy, and to let the Christ Child enter our hearts, "for Thou lov'st temples better than an inn."

PRESENT METHODS USED IN MEDICAL NURSING *

BY LOUISE M. MARSH, R.N.

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Not long ago while listening to a celebrated clinician reviewing with his students the treatment indicated for the number of miscellaneous cases usually found in an open ward, the writer heard him say in summing up, "And for *all* of these cases the mental attitude of the patient towards his own condition, environment, and treatment, must be carefully considered, as much may be done by suggestion to hasten or retard recovery."

Suggestion, as a nursing method, holds limitless possibilities and opens vast fields for speculation and inquiry, but it is a method of nursing treatment the importance of which is beginning to be so universally recognized that a paper on present nursing methods, however brief, must at least touch upon it before passing to a few of the more tangible methods now in use.

Very constantly the care of the mental attitude of patients is spoken of and the nurse is reminded that application of mental therapeutics is not now limited to nervous diseases; but that their value is very widely spread, and as a matter of fact there is hardly a disease in which it is not felt. The capacity on the part of the nurse for arranging details of treatment to make an impression upon the patient's mind, her opportunity to calm the mind in excitement, to decrease anxiety, to arouse feelings of hope, faith, and cheerfulness, of suggesting motives for the exercise of the patient's will to recover, to stimulate the patient's mind to make greater effort to aid in his own recovery—in a word, the nursing application of mental therapeutics, especially suggestion, is now daily insisted upon and has become a recognized nursing method, which in a doubtful case may turn the scale from failure to success.

In considering the nursing methods as applied to infectious diseases and fevers, typhoid may be taken as a type of both. The first question presenting itself with the care of infection is What precautionary measures must be taken to prevent its dissemination? The time allotted to this paper must limit such a consideration to the methods used in an open ward where patients suffering from typhoid fever are

* Read at the eighth annual meeting of the New York State Nurses' Association.

placed next to non-infectious diseases. A probable typhoid patient on being admitted to a ward is ordered to be placed upon "individual precautions,"—that is, every article whatsoever to be used by him is kept separate and apart in a special, designated place,—articles which will not be injured are kept immersed in a two per cent. solution of formaldehyde when not in use; excreta are disinfected by the same solution, as are all bed linen and articles of wearing apparel. Dishes, trays, drinking tubes, medicine glasses, are boiled immediately after use.

When the diagnosis of typhoid is made positive, by the finding of the bacillus typhosus through blood culture, the precautions are changed to "enteric" and all articles for his use are placed in the so-called "typhoid room." Here are kept in common all articles for exclusive use in the nursing care of typhoid fever. This is, broadly and without detail, the nursing method now in use in the Presbyterian Hospital to prevent the spreading of typhoid or other infectious disease.

Typhoid is now almost conceded to be a nursing problem. Being a self-limited disease, it must run its course and there seems to be no established medication or treatment that can abort it or even in any marked degree mitigate the severity of the attack, hence the nursing methods are chiefly devoted to keeping the patient in good condition to fight his infection, to keep his resisting powers above par that he may not have a secondary infection, and to ward off complications. This brings us at once to a consideration of hydrotherapy and diet. The tub bath, the slush bath, and the sponge bath, all given at from 80° to 85°, are in common use. The methods of giving the sponge and tub baths are so familiar to all, differing only in unimportant details, that they need no further comment. The slush bath, however, is not so commonly used and a brief description may be of interest. It is indicated where the continual moving of a typhoid patient from the bed to the tub seems to be irritating and to aggravate the nervous symptoms.

The bed is protected by two rubber sheets, the top one being long enough to extend into a large pail or tub placed on the floor at the foot of the bed. Pillows doubled over and tied, or blankets rolled lengthwise and tied, are placed under the rubber sheets, elevating them upon either side so that the patient lies in a trough. Blocks of medium height are placed under the head of the bed to assist drainage. A tub of water is placed upon a stand several feet higher than the bed and large rubber tubing with a sprinkler attached may be used to convey the water to the patient. A simpler way is to fill an extra large, ordinary (garden) variety of tin watering pot which is held high above the patient and the

water sprinkled quickly from head to feet. The shower continues fifteen to twenty minutes, friction being given continuously. For the first ten minutes the patient is showered and rubbed anteriorly, then gently turned and his back well showered and friction given especially over the spinal cord for the tonic and sedative effect on this nerve centre.

In many instances when patients have been irritated and perhaps terrified by removal from bed into a tub the slush bath has been tried with excellent results. The case of a boy in our wards last autumn may be cited. He had a severe infection and very aggravated nervous symptoms. Preparation for a bath was the signal for an immediate outbreak of tears and entreaties not to be put into the tub. The temperature of the water was raised to 90° with no better result. The slush bath was then tried, and when he saw that he was not to be lifted from the bed no resistance was offered, the shower at 80° from the watering pot was greeted with his first smile, and from that day Ludwig "prayed for rain."

The relation of hydrotherapy to fever as presented to us enables the nurse to get a more or less clear understanding of what fever really is, and so a definite and rational method of carrying out hydrotherapeutic measures. Having comprehended that fever is the reaction of the body to a poison, the attempt of the system to battle with and fight off invasion, we can tub and slush and sponge with comparative disregard of effect upon temperature, knowing that the drop or rise of a few tenths of a degree is so little as to be almost negligible, the clinical thermometer presenting us with but a limited set of facts,—that the bath has affected the nervous system advantageously, delirium disappears, the heart is stimulated, and digestion and elimination are aided.

So we see that the ancient method of plunging the patient with a temperature at 105° F. into iced water, effecting rather a spectacular drop in temperature (and maybe a chill) has been modified to a pleasantly cool, soothing bath, to a purely nursing method of promoting the general well-being of the subject. Having the clear idea that a high temperature is the best one for the battle against the invading bacteria, and having also in mind the probable condition of the intestines, we are enabled to understand the method in the fuel supplied to balance the heat loss. The ideal diet is one designed to keep the heat value of the food at a point to cover the heat loss (at least 2000 to 2500 calories a day), otherwise the patient must burn up his own tissue, becoming very emaciated and weak and ready for any complication.

It is found to be impossible to give the usual articles of milk,

albumin water, and broth in sufficient quantity to cover the heat loss, and very recently cream and milk sugar, in amounts varying according to the individual ability to digest and assimilate, have been added to increase the food value of the diet. The advantage of milk sugar over cane sugar is that in fermenting it produces very little gas. As much egg albumin as the patient will take is given. One delicious way of serving it as a variation from the monotonous albumin lemonade is to put the well-beaten white of the egg with grape juice and cracked ice. Large quantities of cold water are imperative, six to eight ounces at least every half hour when the patient is awake. It has been said that the test of a good surgical nurse is the small amount of morphine required after an operation. It might also be said that the test of a good typhoid nurse is the amount of fluid she can induce her patient to take—his willingness being in ratio to the degree of cleanliness in which she keeps his tongue. We have now in very general use for cleansing mouth and tongue a solution of boric acid, listerin, peroxide and glycerin in equal parts. The mouth is well swabbed out with this after every feeding, and a light coating of ointment made of 50 per cent. boric acid, menthol, and oil of nutmeg in white vaseline is then put upon tongue and lips,—under this treatment a coated, dry, fissured tongue is rarely seen.

When the toxæmia is profound, producing so stuporous a condition that fluids cannot be taken, 1000 to 1500 c.c. of normal saline is administered by hypodermoclysis every eight to twelve hours. A slow method of giving saline subcutaneously is now being adopted. Heretofore aspirating needles with a large lumen have been used. Their introduction into the tissues is never a pleasant procedure and their size permitting of a quick flow, large amounts of the saline collect in one spot and cause a painful swelling until absorption takes place; also large quantities of fluid suddenly thrown into the tissues may cause a reactionary chill. Smaller needles, approaching in size the ordinary hypodermic needles, are now substituted for the larger aspirating needles; thus the flow of saline is very much slower and the process of absorption more nearly keeps pace with the introduction of the fluid. This slow method certainly seems more rational than suddenly throwing 1000 or 1500 c.c. of fluid into the tissues in fifteen or twenty minutes.

The importance of the nurse's share in the treatment of nephritis and uræmia is almost as great as in typhoid. The variation made in the diet of acute, subacute, and chronic nephritis is an interesting but lengthy subject. Without entering into the various forms of the disease it may be said that the diet and treatment used for all are designed

to rest the kidneys. The patient is at first kept flat in bed and given the least irritating of diets, milk, 6-8 ounces every two hours, water in sufficient quantity. Broths are prohibited, as the meat extractives are irritating to the kidneys. As the patient improves his diet is increased very gradually.

When there are oedema and effusions into the cavities, a strictly salt-free diet may be ordered. We are told that the diseased kidneys cannot excrete the salt which accumulates in the tissues, and since salt requires a quantity of water to keep it in solution, water is held in the tissues also, with resulting oedema. When the fluid collects in the pleural cavities it is very difficult to make the patient comfortable in bed as he is able to breathe in an upright position only. Back rests, foot rests, innumerable pillows, a bed table to lean forward upon, any and every device is resorted to in an attempt to enable him to change his position and gain a moment's comfort. The chronic nephritic with his pale, swollen face and water-logged, unwieldy body, laboring for every breath, is indeed a pitifully helpless object. The kidneys are rested and the oedema relieved by diet, and by making the skin aid in elimination by means of hot packs and hot-air baths. However, in spite of rigorous treatment most chronic nephritics go on to the uræmic condition, intense headache and drowsiness, irregular respirations, then coma supervenes, hot flaxseed poultices to the lumbar region, hot colon irrigations, phlebotomy, all usually without effect, and the coma progresses to death.

In pneumonia, all treatment and nursing are directed towards preventing cardiac failure and to helping the patient through the period of toxæmia. Absolute quiet and the recumbent position in bed are of utmost importance. Any quick movement must be guarded against, and as pneumonia patients are often very delirious the closest watching is necessary to prevent the sudden strain which sitting up or rolling over places upon the heart, and much of the routine care of the patient must be omitted.

No matter how cold the temperature, the patient is placed out of doors or, if this cannot be done, all windows are opened so that he breathes free, flowing air. Just as in the nursing of surgical wounds, absolute cleanliness is the essential point, so the antiseptic system in its universal application enforces the lesson that diseased lungs require clean air.

If delirium is active, the patient is brought in every four hours and given an alcohol sponge. Large, light, flaxseed poultices are put over the chest for relief of pleural pain. The use of ice bags for this pur-

pose has been abandoned, as the hot application seems more effective and adds more to the comfort of the patient. The chest may be cupped for twenty minutes every few hours. The present method of cupping is always a rapid one, requiring two nurses, the cups being removed almost as quickly as they are applied. As the object is to relieve congestion, if the cups are left on too long until the capillaries become enlarged, it is defeated. Dark rings, stasis marks, are not now considered signs of effective cupping but of defective understanding of the principle underlying the treatment. A chest having been cupped for twenty minutes should resemble the same area after the removal of a hot poultice therefrom—of an equally diffused red color with no dark or red rings and the skin left in perfect condition for as many repeated cuppings as may be necessary.

Abdominal distention, further embarrassing heart and lungs, must be carefully watched for and its earliest onset reported. The pneumonia toxins cause a very quick paresis of the intestines, which condition is combated by turpentine stupes and enemata. Water should be urged, as the internal lavage eliminates much of the toxin through the kidneys. From the onset, usually with a chill, the patient feels very ill; by the second day his temperature has risen to 104° or 105°. He may have a frequent painful cough and soon expectorates a very viscid and bloody sputum, and his breathing is very rapid. In these cases as in all others in which the breathing powers are embarrassed science steps in to help nature by giving inhalations of pure oxygen. So fiercely does the patient have to battle to draw in sufficient oxygen that it often requires the greatest perseverance and persuasion to induce him to even attempt the swallowing of fluids in any quantity, and saline is administered rectally and by hypodermoclysis every few hours. This condition may continue about eight to ten days. If during this period the natural protective agencies of his body have been well nourished and fortified by sponging, poulticing, and fluids, they may muster in sufficient strength to overcome the pneumococcus toxin, and the almost miraculous crisis comes, the temperature tumbling headlong like an evil demon from a towering cliff, the bounding pulse and the goaded respirations calm down, and the spirit that seemed about to wander into the shadows tenants the clay again and convalescence begins. A fight with a squad of invading pneumococci is as exciting as pinning on our Red Cross emblems and going to the front, or like watching the citadel and supplying ammunition to the guns, success in holding out the siege depending upon attention to details, a complete understanding of the situation, and a readiness to meet new obstacles as they arise.

If we could be trained to properly use our imagination many of the commonplace details of work with the sick might be transformed into something inspiring. But minds are rarely characterized by both observation and imagination, observation giving accuracy in grasping surface details, while imagination goes to the heart of things and is deep, earnest, and serious, seeking the essential truth which underlies, explains, and dignifies details. The combination of these two faculties of observation and imagination is rare. She who possessed it would be mistress of the art of nursing.

OLDE CAROL

As Joseph was a-walking
He heard an angel sing,
" This night shall be the birth night
Of Christ, our heavenly King.

" His birth bed shall be neither
In housen or in hall,
Nor in the place of Paradise
But in the oxen's stall.

" He neither shall be rocked
In silver or in gold,
But in the wooden manger
That lieth on the mould.

" He neither shall be washen
With white wine nor with red,
But with the fair spring water
That on you shall be shed.

" He neither shall be clothed
In purple nor in pall,
But in the fair white linen
That usen babies all."

As Joseph was a-walking
Thus did the angel sing,
And Mary's son at midnight
Was born to be our King.

Then be you glad, good people,
At this time of the year;
And light you up your candles
For His star it shineth clear.

CENTRAL DIRECTORIES *

BY SARAH F. MARTIN, R.N.

Graduate of the Massachusetts General Hospital

As I come to New York to speak to you in regard to central directories, I am fully aware that, in some places at least, it is an unpopular subject.

When I promised last spring to come to your annual meeting in October I fully expected that our directory would be open, so that I might bring you some practical results, but as our offices were not ready for us until late in the spring and as the summer in Baltimore is not a good time to attempt an arduous task I can only tell you of our hopes and ambitions.

I do not know just what the situation is here in New York, but I trust that your *interest* in the subject is as great as mine,—therefore I take pleasure in coming before you.

I do not intend to criticize the directories already in existence, either those run by different alumnae associations or by different groups of people; they have done a good work and can possibly continue in well doing, but they are not doing the work of the directories that will be established by our state societies in the very near future.

The only directories that I might criticize if I had time are those controlled not by nurses and not for nurses' interests but for wholly pecuniary gain. But these ought to be called nurses' intelligence offices and it is surely unprofessional for nurses to patronize them.

I speak in this positive way that directories will be established by state societies, for it is surely coming to pass, and those who disapprove either by open opposition or by apathy can only hinder the good work but they cannot stop it.

The tendency of the times is toward centralization. There should be a centre in each state where the state society can have its offices and demonstrate to the public in a practical way what our profession means, and not one branch alone, but every branch; a centre where we can advance those principles which are truly professional and do much to rectify any mistakes that we have made in the past that have caused people to speak of us as being a "trust."

* Read at the eighth annual meeting of the New York State Nurses' Association.

I am asked to tell you something of what we are trying to do in Maryland. Our state society was organized in 1903, and from the beginning a central registry was under consideration. Very little was done, however, beyond appointing a committee each year so as to keep the subject before the nurses, until this year when the doctors of the state centralized their interests in a new medical building at 1211 Cathedral Street, Baltimore.

In the planning of this beautiful building space was reserved and planned for the nurses with the expectation that among their other activities there would be a central registry—indeed there were rumors that if the nurses neglected this opportunity the medical men might open such a directory themselves. However, with characteristic courtesy this was referred to the nurses with the hope that they would assume the responsibility.

As a result of this, a forceful appeal was made at the annual meeting in January, 1909, which resulted in a motion being put before the society as follows:

"That a Central Directory Committee be appointed for 1909, consisting of the committee as it stands to-day, with instructions to confer with those who shall desire to become members of a company as to ways and means of starting a directory as soon as possible."

This motion was carried by a two-thirds vote.

After the annual meeting this committee went to work. They held several meetings, to which all nurses interested were invited.

At the first of these, the committee was divided into subcommittees, as follows: finance, registrar, establishment, rules, recommendation, and with the aid of a lawyer the Central Directory Company of Registered Nurses has been incorporated under the laws of the state, with a capital stock of \$5000, to which one-half has already been subscribed, each share of the stock being of the par value of \$25.00. All the seven directors and thirty stockholders are members of the state society. The seven directors will of course have charge of the business, but some of the questions of management will be under a committee chosen from the state society. Among these seven directors are two nurses from outside of the state but who have been connected with nursing affairs in Maryland for some time. I mention this to show that we mean to work on as broad lines as possible.

We shall probably open our directory early in November in the rooms in the Medical Library which are also the offices of the state society and the state board of examiners of nurses.

Owing to the fact that Baltimore represents the state society, we

hope to call a nurse from outside of the state as registrar; as one of the objections that we had to meet was that it was feared that a graduate from any Baltimore school might show partiality in regard to her school.

The registrar will live in the Medical Building—this is possible as the librarian and her eight assistants now live there, and this will doubtless solve the question of relief for the registrar, when needed. Our registration fee will probably be \$10.00, possibly payable semi-annually, which will be reduced as soon as possible.

One of our reasons for starting a stock company was that we might have at least \$2000 or \$3000 for our expenses for one or two years, after which time we expect the fees to be sufficient to place the directory on a self-supporting basis, and in time we hope that the Central Directory Company can turn the shares over to our state society and then, eventually, cut down the fee of the directory; for it is not a money-making scheme for the stockholders but the investments have all been made to enable a directory to be started in Maryland under the auspices of the Maryland State Association of Graduate Nurses.

The existing directories will still continue, but we enter the field believing that there is work to be done that they cannot do.

We do not at first expect many, if any, will leave their directories to join the central directory, but we are going to start with those who do not now belong on any, and from day to day make it so advantageous to the nurses that the majority of graduates from the training schools from year to year will gladly register with us, and by our winning ways we hope to call in time all of the registry work from the club-houses, turning them into quiet abiding places.

We have plenty of opposition, but we are going to make a start, and the future alone will tell you how much of a success we have made of it. So much for our organization.

Such directories, after they have passed through their organization period, will, no doubt, be able to solve some of the problems of the registered nurses so universally talked about, but which have not been solved because it is not work the alumnae associations *can* do, but it is the work that our state societies can do and, if I mistake not, will do.

I mean by this such questions as the long hours that private nurses are expected to be on duty. We all know that it is not an unusual thing for a nurse to go to a patient at nine o'clock in the morning, prepare for an operation, assist at that operation, stay with the patient the rest of the day, that night and until the physician makes his visit the following morning.

I always like to quote what was said by one of our former presidents

of the Maryland State Society at one of our annual meetings. After commenting on the railroad accidents caused by the long hours engineers are kept at their posts, she said, "Will the recording angel note other accidents in the sick room caused by the long hours nurses are kept at their posts, and for which the nurse may be in no way responsible?"

I see in the last *AMERICAN JOURNAL OF NURSING* that a graduate from one of your New York hospitals writes a plea for the private nurse in regard to long hours. She says that the time is not far distant when arrangements will be made to regulate the hours on duty, and I predict that those arrangements will be made by our state societies through their central directories.

Another question that will be taken up is that of fees for professional services, a question which we all approach with fear and trembling. And I only dare to say that our "fixed price" is doing much to earn for us the name of a "trust" and the abolishing of it will do much to earn for us the name of a profession.

Is it too visionary to suggest that we may have a printed code of ethics that would not only instruct the registered nurse as to what is professional and what is not but be useful to give to the public when it becomes so grieved at our not being willing to serve as ushers in uniform at charitable bazaars and such like?

You are going to ask me how I think this can be accomplished. I can't tell you exactly how until we have individual cases brought before us, but I receive my encouragement from the fact that the state societies, which through their registration laws have done so much toward bringing up the standard of training schools, thus aiding the undergraduates, will not be content until they have solved some of the problems of the registered nurse.

Among the other advantages to the registered nurse would be the privilege of specializing more fully if she chooses. It is, I believe, professional and right to do so.

After a good general training, a nurse should consider her personal qualifications and choose as her work those cases for which she is best fitted. This will be possible in a directory where a large number of nurses are registered and still meet the calls, whereas it might not be possible in a smaller one. Then again a list of the nurses could be sent to physicians regularly and a list on which were nurses from all the schools would appeal to the majority of physicians more than a similar list sent out from any one school.

The nurses registered in any state will be able to register on our Maryland directory after being endorsed by the committee on credentials.

But to prevent an influx of nurses from other states we expect to give the nurses registered in Maryland this advantage: we intend that each Maryland school shall have its own list and the graduates from that school need only register on that list and go to the bottom of that list only, in case of refusing to answer a call for a nurse from that school.

Then the general list will be open to all registered nurses, enabling the graduates from the schools with a separate list to put their names on both lists, but on refusing a call from the general list they need only go to the bottom of that list, and it need not affect their standing on their school list at all.

This will give privileges to the nurses of the state that will not be given to those coming in from outside, as they can only register on the general list.

We have heard it said that the state societies are mostly managed by institution nurses and that the private nurses do not receive much benefit from them. I think that there is a great deal of truth in this statement, but I believe that the future will reveal that the central directory will be the agency through which the state societies can demonstrate to the private nurses that their interests and welfare are the societies' interest and welfare. So much for what we hope to do for the registered nurses.

Naturally we will give our first thought to the problems of the registered nurse, but we ought not to confine all our attention to her. We should broaden our influence to include those who are not registered nurses, but who have given years of service to one branch of work or another after having had more or less hospital training, good nurses who should surely come under our care; and we should also include those who are commonly called "out nursing," some with credit to themselves and some with no credit to themselves and surely none to us. By this means we may be able to do something in the way of regulating the prices and the work of non-graduates and also something toward clearing the field of women who are a danger to their patients and for whose deeds an undiscriminating public holds us responsible. Of course all these lists or classes will require, through our credential committee, our most careful consideration.

It is plainly the state society's duty to furnish the public with the best nurses possible,—those whose credentials we know, limited as they may be, and whom we as nurses (experts if you will) have found fitted for their work,—and not leave the public, especially those who cannot pay for a registered nurse, in the hands of untrained women, who, because they are wearing a cap and gown, to which they have no right,

are defrauding the public, making them think they are full-fledged nurses. Thus the central directory will emphasize the meaning of registration, namely, to make a distinction between the genuine and the counterfeit.

Male nurses should also register on such a directory; and we also hope to do a little preventive work, for we ought to do what we can to have our list of nurse girls, that we may furnish girls qualified, in some ways at least, to that great number of mothers who are looking for some one to care for their babies and young children. Certainly in Baltimore we would be doing a two-fold duty, protecting child labor on the one hand and preventing slaughter of the innocents on the other. I believe you are better off in New York along this line, however, than we are in Baltimore.

To sum it all up, we hope not only to make the Maryland directory a clearing house for nurses, the doctors, and the public, so that any need in this line may be supplied, whether for private cases, institution work, children, or convalescents, thereby economizing much valuable time at a time when it can least be spared, but we hope to secure for registered nurses their rights as professional women.

TWO UNUSUAL TYPES OF ECLAMPSIA

By RUTH BREWSTER SHERMAN, R.N.

Graduate of Johns Hopkins Hospital

PROBABLY every nurse who has done much obstetric work has, during her training or private nursing, seen one or more cases of typical eclampsia which appeared at the usual time, received the ordinary treatment, and in due season terminated in either death or a good recovery. It is not the purpose of this paper to describe such an attack, which can be read up in any good book on obstetrics; but in the course of my work two very bad cases of eclampsia have come under my care which in important points varied from the usual form and which come under the head of unforeseen emergencies. For the benefit of others who may be taken by surprise in the same way it is intended to outline these attacks from a nurse's standpoint, with the treatment and results.

I. Mrs. T. was a large, healthy woman, aged twenty-six years, with one child fourteen months old. When this eldest child was born the mother had shown some albumin in the urine two or three days before delivery; she had been put on a milk diet and kept quiet for these few

days, the symptoms had disappeared, and the delivery and convalescence were uneventful.

When at term with the second child, albuminuria suddenly appeared, with scanty urine, visual disturbance and loss of memory; these conditions lasted two or three days, when she was again kept quiet and on a milk diet and the symptoms again cleared up. She went into labor and was delivered about midnight; the mother and baby were both in good condition and the doctor went away. Here occurs the unusual feature of this case. Ordinarily, when a patient with threatened eclampsia *has been delivered before any grave trouble has occurred, none follows* —the patient does well and gets well in due time. But this woman rested quietly for two hours after her child was born and then, at 2 A.M., with no other warning than a very slight noise in her throat, passed into a convulsion with all the features of fully developed eclampsia. Between 2 A.M. and 3 P.M. she had eight distinct convulsions, and in the short interval between the seizures lay in a deep coma.

She was given morphia and atropia hypodermically and a sweat bath. At 10 A.M. venesection was done and 750 c.c. of blood withdrawn from the right arm; following this she was given salt solution in the arm, in the breasts, by mouth through the stomach tube, and per rectum—six litres in all. At 2 P.M. another sweat bath was given; after this she was catheterized and 300 c.c. of urine obtained. The patient became conscious about this time.

After this there was no more trouble, the woman rallied well, the usual liquid diet and treatment with quantities of fluids were carried out, the urine increased steadily to an amount above normal. Soreness was felt for some days where the needles had been inserted in arm and breasts, but this soon passed off. Later convalescence was uneventful. The baby was very small but perfectly developed, was nursed after the second day, and did well in every respect for six months or more, though after that interval its condition was less satisfactory and its physical development rather retarded for two or three years. The mother sat up at the usual time and came downstairs in a month.

Mrs. T. had a third child sixteen months later, and had no sign of albuminuria at any time. She was very deaf for about three years after the eclampsia, but has become less so.

It is accepted as a fact among obstetricians that a woman may have the preceding symptoms of eclampsia with each one of several successive children, and there will be the same, or increasing, danger with each return; but that when a woman once has regularly developed eclampsia *with distinct convulsions* and recovers, she never has it again. Up to

1904, at least, there were no reported cases of a return, and obstetricians agreed in regarding a patient who had passed through eclamptic convulsions as immune from further attacks and safer than if she had never had one.

II. Mrs. J. was a woman of unusual size, superb physique and great beauty, and apparently in perfect general health, aged about thirty-two years. She had three children aged nine, seven, and four years, and during each pregnancy had shown albuminuria and other premonitory symptoms. The eldest child had been born at about six and one-half months and saved by incubation. After the third child a uræmic condition had apparently become chronic or latent, her health was excellent, and she led an active and very happy life; but an oculist who examined her eyes when her youngest child was three years old found them affected by a condition of chronic uræmia.

She was about five months advanced in the fourth pregnancy when albuminuria appeared and she was put on a restricted diet under close watch. Later the diet was bread and milk only. At six months the first convulsion occurred, early one morning. Abortion was induced as quickly as possible; the child, which lived only two hours, being delivered at 9 A.M. The uterus was packed, no more convulsions occurred, the patient became conscious, and her mind was clear; the day was uneventful; between 6 and 9 P.M. the urine was voided twice. The night passed quietly; the patient slept at intervals and when awake was comfortable and calm, drinking water freely and speaking lovingly of her family and the happiness of her life. At 9 A.M. the doctor said that danger was passed, and for the first time left the house. Here occurs the unusual feature of this case. When a woman has passed through eclamptic convulsions, *if the urine is voided naturally and the mind becomes clear, the danger is believed to be over and the way to recovery begun.* But at 10.30 A.M. this woman passed without warning into deep coma, and died an hour later without recovering consciousness. During this interval, heat, with every form of external and internal stimulation were applied, while the doctor also (on the mere chance of a possible internal hemorrhage, which had not occurred) unpacked the uterus, expressed the clots, inserted ice, repacked, and used violent external massage.

It has seemed wise to me to review these two cases for the benefit of other nurses, because each shows a departure from rules which are commonly looked upon as reliable. In the first instance a woman who had premonitory symptoms and had been delivered passed into convulsions *after the uterus was empty*, and was only saved after thirteen

hours of hard effort and grave anxiety. In the second instance a woman who had passed through convulsions and forced abortion, whose symptoms had disappeared and whose natural action of mind and kidneys had been restored, *relapsed the next day* and died in spite of every effort. In each case it was not merely the nurses who were taken by surprise, but also the doctor, a man of wide experience and highest authority.

NOTE.—These cases both occurred in the practice of Dr. Whitridge Williams in Baltimore, but since the publication of his "Obstetrics," 1903. There were two nurses with each patient. In the chapter on eclampsia of Dr. Williams's "Obstetrics" can be found much information bearing on postpartum seizures such as the first case quoted in my paper. I am indebted to personal conversations with him for the rules above laid down as to, (1) the later immunity of eclamptic women, and (2) the prognosis after the mind and kidneys have cleared up.

THE BURGLAR

BY ISABEL McISAAC

WHEN women undertake to live in remote or lonely places, an important point to be considered is their means and ability for defending themselves in case of burglars, tramps, or worse attacks. Euphemia has always been fearless and ready to defend herself under all circumstances, and while I have never been a look-under-the-bed-at-night sort of a person I haven't exactly hankered for a chance to encounter vicious intruders either by night or day.

Our neighbors assured us that we had nothing worse to fear than sneak thieves, who might swipe (that is the only word to express it) a few apples or other fruit, unless it might be chicken thieves who were not unknown, and might be ugly if cornered, but house burglary was almost unknown in the country.

When one goes to California from Chicago—the windy city—they assure you that the high lake winds of Chicago are unknown in Pasadena, and when one goes to Santa Monica the next day one loses her hat from the open car and is delayed by a car which has been *blown off the track*. They also tell you that they do not have thunderstorms, and the next week the flag staff on one's hotel is struck by lightning, and I have heard of places which bore the reputation of not having mosquitoes, where many persons suffered from malaria. So when we were told not to be afraid of burglars, we were not timid nor worried but looked after our locks and latches, had two dogs, and a revolver on the corner of the bureau in Euphemia's bedroom, and also had the telephone put into

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her room so that no one could come between her and the chance to call upon the neighbors for help, and then we forgot to lock the doors, and slept soundly.

We hadn't been on the farm six months when a farmer's wife near us was tending a little shop they had at a cross-roads while her husband was away. A neighboring farmer was in the place when a strange man entered, pointed a revolver at the woman and demanded her money. The farmer fled but the woman did not lose her wits and took her husband's revolver out of the money drawer and fired at the rascal, which caused him to drop his revolver and run away, and then she found that his revolver was not loaded. This episode fired Euphemia with new courage and she declared her intention of shooting any intruder at once, without waiting to see whether it met with his approval.

Meanwhile we had added greatly to our flock of poultry and a wholesale raid upon our hen houses would mean a considerable loss, so we slept with an ear open for strange sounds from that source at night, although it is said that accomplished chicken thieves will carry away a whole flock without a squawk of protest from the hens.

Not long after the affair above mentioned we were startled in the middle of the night by a terrifying commotion in the hen house, and both of us flew out of bed, only waiting to put on our slippers. Euphemia took the revolver and told me to come with a lantern. Have you ever tried to light a lantern you didn't understand without your glasses when you were scared to death by revolver shots and didn't know whose revolver was being shot? The revolver reported three times before I got across the back yard, expecting to fall over Euphemia's dead body or be shot myself at every step, but I found her very much alive and saying that she shot to frighten them away. All this time a single hen's voice was shrieking as if in mortal terror, and when we peered in with the lantern not a burglar was to be seen, only this ridiculous hen sitting in the midst of forty others, still squawking at the top of her voice; and she kept it up until Euphemia shook her, when she blinked at the light and gave a little gasp, exactly like the patients with nightmare when the night nurse wakens them.

The whole thing was so ludicrous and the reaction so great after our fright, that we nearly followed the hen's example and had hysterics from laughing at the absurd picture made by two staid women in night garb and slippers wildly pursuing a crazy hen in the middle of the night.

Later our neighbors across the ravine called up anxiously to know if any one was hurt, proving that if anything serious really did happen we could make ourselves heard.

As in our training-school days we were not taught that hens had hysterics, we have not yet recovered from our astonishment, but neither have we ever been disturbed in any way. We sleep with every window and door wide open except in the coldest weather; the screen doors are hooked inside except when we forget it, and we confidently expect that the foolish hen was our first and last burglar.

CHRISTMAS DAY IN THE GAP *

By I. M. I.

For days previous I had baked cakes, icing and sprinkling them with most marvellous candy bought in Bat Cave's department (?) store, making stockings from mosquito net, and filling them with dolls, nuts, oranges, ribbon, candy, and toys,—all this for the nine little children in two cabins on the estate. My husband superintended the cutting down of a cedar, and on Christmas Eve we trimmed it with ornaments brought from home. It was six feet high. We moved it into the living room by our supper table, and when the candles were lit we felt really Christmasy. The Colonel, my husband and I enjoyed opening our gifts and reading our letters until midnight,—but I must get on to the tree, for, believe me, it was the first Christmas tree these children had seen.

The nine little ones were to come on Christmas morning at about eleven. The day was beautiful and sunny, so the tree was placed in the yard, and how strange it looked with its tinsel and trimmings, standing among giant oaks, thin poplars, and a huge fig tree. Suddenly, without a moment's warning, a hurricane, accompanied by heavy rain drops, upset our tree, scattering things round about with a vengeance. The excitement ran high for a while, but the tree was finally rescued and put in one corner of the porch.

I had hung on the lower branches Christmas cakes for the smaller children, three to six years of age, to take off themselves, and congratulated myself that all was in readiness when, looking out of the door, I saw the tree quiver and stealing quietly out, what do you think I saw? Five jet black cats, gravely nibbling the low-hung cakes. The sight was so unusual I laughed to myself and let them nibble for a time, but to-night five black cats are being swept along the course of the river, and I do hope they will not haunt me with their forty-five lives, for it was the Colonel who insisted they should be shot.

* This Christmas sketch was written for an alumnae association by its president, in exile for her health.

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Just as fresh sugar-coated cookies were hung, I looked up The Gap for my expected guests and counted seventeen adults and children,—only nine stockings, remember!

In fear and trembling I looked *down* The Gap to see if more were approaching, but I rose to the occasion and while my husband held their attention with the phonograph (the porch was filled) I hastily cut cake, and with two pounds of candy and three dozen bananas had something for everyone.

The hopeless, apathetic, lurid faces of those mountain women with their poor sometimes pretty children I am not likely to soon forget. They never laugh, and I could not tell whether they were pleased or otherwise. I have heard since that they never had such a Christmas, and the Colonel says they will talk of it for years, but at the time it was positively ghostly.

As I watched these mountaineers straggling along the side of the road to their dreary, oftentimes dirty, windowless cabins, I wished I could help ever so little, but they are so "sot" in their ways, the task would be a long, arduous one, if not absolutely hopeless.

IN ROOM NUMBER TEN

BY T. D. PENDLETON

THE night nurse entered the hospital, hung up her heavy ulster, walked up two flights, and reported to Miss Carithers at exactly five minutes before seven o'clock. Miss Carithers was to dine out and see a play, but she was still in uniform. She looked at the clock and gave the special orders for the night hurriedly. Finishing, she said she hoped the entire charge of the patients would not be too heavy. One of the day nurses would come over from the home and sleep in the hospital if the night nurse wished it. The night nurse did not wish it; she would be able to manage alone, she said.

Miss Carithers went away to dress, accompanied by a curious sense of bafflement. She felt as if she had tilted against a mist and lost. One could never get close to the night nurse, she was a machine. But at fifteen minutes before eight Miss Carithers came lightly to the top floor again and said contritely:

"I must tell you that an unpleasant thing has occurred. We had an emergency operation this afternoon while you slept, one of the victims of the wreck. You did not hear of the wreck on *The Southern*? Of

course you did not; you were sleeping. Twenty were killed and fifty or more injured. Most distressing was it not, on Christmas Eve?"

The night nurse said nothing and the other went on:

"The railroad hospital received the injured except one case they thought we might save. The operation was after all hopeless and the patient died at six o'clock. The undertakers were overtaxed (you know there are only three in the town) and they are short-handed because of the holiday so we . . . The body is still here. It is in 'Thirty,' at the end of the rear corridor. Of course the patients do not know; but you—you are sure you will not be lonely?"

The night nurse was sure. Again Miss Carithers sensed the baffling something that surrounded the other woman, and her voice took on its official tone:

"You will give Number 10 as much time as possible. He will die, I think; but if he should by any chance survive he would complete the doctor's record of one thousand successful appendicitis operations."

Miss Carithers went down the steps with a silken swish of petticoats and the night nurse began her eight o'clock round of "temperatures and nourishment." The hospital, open only to the doctor's surgical cases, was not large, and now because of the holiday season three-fourths of its rooms were empty, so the rounds were quickly made. Then the night nurse sat down in the diet kitchen and began her vigil.

The sound of a bell brought her to her feet. She knew who called without looking at the register dial. The single, apologetic tap had been impelled by no other force than the fevered hand of the little boy in Number 10. Within a fraction of a minute she stood by his bed. The appeal of the little voice was like that of the bell, self-deprecatory:

"Please mam, kin I have another swaller uv water?"

She deftly measured the prescribed "half-ounce of water when patient calls for it," and raised the little boy's head. In the light of her ten years' experience she read that Number 10 would not live. The ragged pulse, the temperature that showed on the chart as the trail of a snake—advancing, retreating ostensibly beaten only to double and crawl higher the next hour—told that the beautiful clean incision in the boy's side would not avail. Though marvellously accurate in line and depth, it had come too late.

The night nurse had not been on duty when Number 10 had been admitted; but she had had the story from the doctor's lips, a story quickly told in few words. The doctor was never wasteful of time. Perhaps he had got the habit of economizing time in the operating room where a minute more of anaesthesia might destroy his chance of

adding one more to his "record of recoveries." But in the choosing and using of the dozen or so words the doctor had shown the same sure touch with which he picked out and manipulated his shining knives, and he had etched on the brain of the night nurse a picture of a mountaineer in jeans bearing a stretcher contrived of hickory saplings and a homespun coverlid—a mountaineer who refused to lay down his burden at the hospital door, but strode in magnificent strength up the two flights to room Number 10 where he took eternal farewell of his "little feller." The picture had endured, and as the night nurse bent over Number 10 the too coldly classic lines of her face softened and her straight scarlet mouth curved to a tender flower. But the flower was a quivering flower and in her wide eyes was unrest; for the meagre words of the doctor had told more than the story of the little boy. The night nurse knew that the doctor fought with death in room Number 10 not with a zeal born of ambition to leave behind him a "record of successful cases," but with a passionate desire to give back to the big mountaineer his "little feller." The perfect machine alongside which she had worked these last years was human after all; and she who had gathered up the ruins of her life, stifling within her the palpitant thing that hurt and had in time come to a certain calm poise strengthened by the nearness of that other machine—How was she to go on alone?

Along with that palpitant thing that hurt she had stifled all thought of the man who had destroyed her, but now his image grinned at her even while she matched herself against death in room Number 10. It was the old, old story, the everlasting law of the contrary. The very brutality of the man's passion had appealed to her. His vows made at the altar had been broken within a month; but when she had come to the point where she in decency could endure no further he had wanted her as the boy wants the toy he has dissected. At the end he had risen to a certain compelling if brutal strength. "Leave me if you must," he had said, "but there is no going back for a woman like you. You are mine. I have put my brand on you."

There had been no going back for her. If thought of legal release had come to her, she had taken no action. What possible good could legal freedom work for her, a woman wearing the brand of a living man? . . .

Number 10 stirred; the light blue eyes set in the freckled face glittered fever-bright in the half light:

"O mam, kin I hev jest a mite moah uv watah?"

She held the glass until he had sucked the last drop.

"I'm afeerd I bother you a powerful lot, mam. I could do 'ithout

the watah so often, ef hit wuzn't fer my dreams. Every time I shet my eyes I dream uv our spring at home. Did ye ever drink out'n a spring mam? . . . But I'm a botherin' uv yer agin. Don' pay no 'tenshun to my foolish talk."

The night nurse held the little fingers in her cool clasp:

"Dearie!"

The word came from her lips as the halting notes of a long-forgotten tune. The little boy went on:

"Our spring's right below our house, half-way down the side uv the mountin. Hit's got a gourd hangin' by hit; but in my dreams I don't take time to drink out'n the gourd. I jes lay down an' drink, an' drink! I'm terrible fond uv stayin' 'round our spring anyhow. My mammy she's layin' down below at the foot uv the trail, an' I kin see her grave frum the spring. Sence she's been layin' there they ain't nobody to home but me an' pappy—I know my pappy's terrible lonesome 'ithout me."

A bell summoned the night nurse and when she returned to Number 10 he was in the grip of delirium. The quivering flower of her mouth again became a straight scarlet line, and the unrest in the dark eyes fled before a steady purposeful light. Surely the working of a perfect machine is in its way a thing of beauty. Bells rang at short intervals; but the night nurse answered them with a speed that enabled her to spend nearly all her time with Number 10. As the night wore away and the little voice became weaker there grew in the woman a passionate protest against the going out of the boy's life. It was past midnight when she sank to her knees: "If he could be spared," she breathed.

Then she who had asked nothing for long years was gripped by fear. The boy would die. She would be denied if indeed she had been heard. Far better had she kept silent. Automatically she responded to the call of a bell. The dial of the register showed "30," and she sped down the rear corridor. Confronted by a closed door she remembered: in room Number 30 was the dead body. Of course the wires were crossed. Some other bell had registered "30," that was all; but she would go in to make sure. She switched on the light and entered room Number 30. All was in order. On the bed lay the sheeted body undisturbed. She closed the door softly and went back to Number 10.

The little boy was nearing the end now. It would not be in merciful coma, but in a struggle. She knew the symptoms. Again the bell summoned her. She must call help now; the little boy might die while she tended another patient. On the dial of the bell register "30" again stared at her. The wires were crossed surely. She must make a

note of it on the "repairs needed" memorandum. She released the indicator, but no sooner had it dropped than the bell sounded again, and the indicator revolved to "30" before her eyes. She turned to the speaking tube and summoned the doctor to come to Number 10. His house adjoined the hospital; he would be with her immediately, he said. All the time she talked through the tube the bell rang—a soft insistent peal as if pressed by a determined hand. The night nurse knew the wires were crossed; she did not wish to leave Number 10 alone a minute before the doctor's arrival—but without volition, as one under a hypnotic suggestion, she walked slowly down the rear corridor, entered room Number 30, approached the bed, and calmly drew off the sheet.

The doctor found her there in a storm of tears. He promptly took her in his arms, but she struggled to free herself:

"We must not; I must not . . . He was . . ."

"Hush! What matter who he was? He is no more, and life is ours."

Number 10 was not dreaming of the spring now. He dreamed of clouds, banks of white and pink clouds, soft as roses. He lay on them and rested until the ache went out of his lean little back. Then he heard music. He opened his eyes. The fever glitter was gone, and in the clear light of dawn they were the same small sharp blue eyes that spied squirrels in the tallest trees. By his bed stood a man and a woman, their hands clasped. Number 10 lay silent, listening to the Christmas chimes that sounded as if all the cows in the Blue Ridge neighborhood were wandering—at last he spoke:

"Ef you're the same lady that brought me sich stingy mites uv watah last night, you've growed powerful young since then."

At noon a notably cross member of the haughty clan of electricians clumped down two flights of stairs and banged the hospital door. In the street he vented his spleen on his assistant:

"Of all the foolishness! Sendin' a hurry call for a man on Christmas Day for *nothin'*! There wuzn't a thing on earth the matter with them wires. I tested all the bells over and over, and none of 'em would register any number but its own. It all comes of havin' wimmin runnin' things. Well," a sinister smile twisted his mouth as he took out his watch, "if people will be foolish, let 'em pay for it!"

PRACTICAL SUGGESTIONS FROM MT. SINAI HOSPITAL, NEW YORK

BY MARY E. THORNTON, R.N.

DR. HOWARD LILIENTHAL, surgeon at the Mt. Sinai Hospital, gave a clinic on the morning of October 22 for the delegates to the New York State Nurses' Convention. Those who were able to be present during the operations and to hear Dr. Lilenthal's talk upon surgical technic as followed at the Mt. Sinai Hospital were to be congratulated. After the clinic the visitors were escorted about the hospital, and interesting indeed is a visit to this admirably administered institution.

Into the reception ward comes the patient, having been notified by card the day before that a bed is to be in readiness. Upon arrival each patient is given full bath, unless the temperature is 100° F., then a sponge bath is given, and is placed in male, female, or children's detention ward; in the children's ward patients are kept twenty-four hours before being sent up to the wards proper, but in the case of adults the detention is for about five or six hours. There is an isolation ward on this same floor should occasion arise for its use.

While in the reception ward the patient's temperature is taken, physical examination made, history taken, diagnosis made, and diet prescribed. When the patient is taken up stairs, his chart having with it the card of admittance, a card giving the name of the ward to which he is to be taken, a sheet with the findings of the physical examination, one with the diagnosis, the order for medication and diet and stating such treatment as may have been given in the reception ward, are sent with him. An entry is made in the reception ward of his admittance and the ward to which he is sent.

His clothing is placed in a clean sheet, a list of the articles entered in a book, giving the condition of each article: good, medium, soiled, torn; date of admission, ward to which patient is sent, number of his bed and his name, signed and dated by the nurse in the reception ward; this list is arranged with a duplicate stub which remains in the book. The original is placed on the patient's clothes which are then put in a locker. Each locker has the name of ward and number of the bed. Hats are always encased in paper bags. The clothes are baked in the morning, and twice every month the room in which the clothes lockers are is fumigated.

In the morning when the beds are being changed a circular wooden frame on castors, having suspended in it a heavy cotton bag held open by means of large eyelets which slip over wooden pegs on top of frame, is rolled into the ward, soiled articles are put in it as removed and when the work is finished the frame is wheeled out to the chute, the bag lifted out, tied at the mouth, and dropped down.

Before beginning the typhoid's bath, a clean sheet is spread on the floor under the bed, all soiled clothing and bed linen placed on this sheet, and when the bath is finished it is gathered up, put in a rubber bag, and taken down to the tank where the sheet and its contents are boiled for one hour.

Each typhoid patient has his own thermometer and rectal tube; the thermometer is kept in a tube filled with solution, suspended from head of bed. Screens used solely for typhoid beds are marked with a red ticket pinned on one corner. Patients' hands are scrubbed with bichloride daily, usually after a bedpan has been given. The nurse is instructed when bathing typhoid patients to guard against putting pins, pencils, etc., in her mouth, and is not permitted to touch her hair, when once she has started in on a bath, until it is finished. The bed-bath is given on a mackintosh covered with a sheet. In making the bed, blankets having a distinctive stripe are used and over the blanket a clean sheet instead of a counterpane is spread; all dusting of the typhoid ward is done with 2½ per cent. carbolic.

Separate bathrooms are conveniently placed and there are kept bedpans, urinals, funnel, pitcher, and basin, and other utensils used about the patient. In the case of a suspect, the dishes are kept separate, the bedpan and rectal tube as well. Clothing removed during the day is put in a can standing in the bathroom.

In the ward kitchen dishes of a distinct pattern are devoted to use of typhoids as well as silver of a different design. No carbolic is used; the waste pipe receiving the water in which dishes have been washed is flushed with soda solution. A dish pan full of water is kept standing, and if a nurse has not time to wash dishes when the patient is finished, they are placed in this pan.

Adjoining the wards in this hospital are hot-air closets of about three shelves containing blankets, bottle of saline, stupes and wringer, and a bag for infusion. On each floor a table is arranged having on one shelf the subcutaneous outfit,—a sterile towel, sterile square of dressing gauze, two subcutaneous needles with wires and glass connecting points, carrier with tubing, artery clamp, glass syringe, saline in flask. On another shelf is the intravenous set—three sterile towels,

sterile square dressing gauze, four small sponges, tubing with carrier, glass syringe, cannula with wire and glass connecting points, straight scissors, curved scissors, scalpel covered, mouse-tooth forceps, two artery forceps, anatomical forceps. On the two remaining shelves are placed green soap, ether, bichloride, ligatures and bandages, safety pins, sterile thermometer, basin with three glasses and three sponges for scrubbing up, and a rubber sheet. The whole is resterilized once a week, if not used, and is kept covered with a sheet.

Most interesting are the numerous practical devices, many of them designed by the nurses, for furthering the efficient administration of the wards and the comfort of the patients; every nurse will appreciate Miss Fletcher's perineorrhaphy straps and wonder that we have been so long without them: a strip of webbing, about three inches in width and about thirty-six inches in length, at the lower end having loops of the webbing attached to either side of the main strip to serve as anklets, similar loops serving to confine the knees, and the upper end of the strip is pinned to the perineal bandage.

Miss Fletcher has also designed a simple restraining sheet which will relieve a nurse of much of the anxiety associated with the post-operative bed,—a sheet one and one-half yards in length and the width of the bed, with three straps attached at equidistant portions of the two sides. In preparing the bed for the operative case the three straps are tied to the head, foot, and middle of one side of bed, the sheet folded back with the others until after the patient is placed in bed, when it is carried over and tied to the other side of the bed. Its length admits of free movement of hands and feet of patient.

Whoever has had much children's ward service will be interested in Miss Kerrin's "crib roof": a piece of canvas just the size of the crib is fitted with eyelets on all four sides, and, given a child determined to climb out of his crib, this canvas is laced to the top of the crib. There are two apertures which admit of the protrusion of a head but nothing more. For the prematurely-born infant, the crib sides are lined with two thicknesses of flannel, stitched up at intervals to form pockets into which hot-water bags are slipped, thus affording the necessary warmth and at the same time giving air to the weakling, done up in his wadded gauze jacket.

The hot-air apparatus consists of coils of asbestos placed in a rather deep "pie tin" fitted with sheet iron top and pipe covered with asbestos. After saturating and lighting it may be completely closed. It is placed at foot of bed, pipe extending under the usual cradle, a thermometer is hung at head of bed, and by means of the damper in

the pipe, the heat, which may be run to 250 or 300 degrees, is regulated.

The hammock-stretcher used for tubbing typhoids is made of interlaced three-inch webbing straps, three straps making the length and six straps the width, the latter having loops through which the poles are slipped. This stretcher remains in the tub during the plunge.

The side boards for the beds are at once recognized as being a necessary ward equipment, about twelve inches high, six feet six inches in length, with notches cut at either end so they will fit at head and foot and remain stationary. The boards are painted white and are invaluable adjuncts where there is a restless patient, or with a water bed.

Medicine cards are variously tinted, for the t.i.d. red, q.2.h. blue, q.4.h. yellow, etc. Each nurse's hours and responsibilities are definitely arranged, so that it is possible by glancing at the schedule card in the ward to locate any nurse at any time and to ascertain just who has the supply closet, etc., for any given hour.

All supplies and dressings come from the operating room; these are made there by probationers.

Ice is crushed by a machine in the basement and brought to the ward kitchen where it is placed in the refrigerator and taken from there as needed. This saves the time of the nurses, does away with the noise of preparation, which is so disturbing to the patients at night, and if it is not all used as cracked ice is serving the purpose of cooling the ice box.

In carrying hot receptacles to the bedside the wire trays (some of the superfluous quantity in all refrigerators) are used; for example, dish for sterilizing catheter, pus basins, lubricator, etc., may all be placed on this and put on tables which are of marble. Tissue paper is used for the thermometer instead of cotton or gauze.

Large paper bags, with the top slit in four places about four inches in depth and these pieces turned back as a reinforcement of the top, were used as receptacles for soiled linen and soiled dressings. A small paper bag, slit one-third of the way, on one side, these corners turned back and the bag fastened by two bits of adhesive to a wash-stand, serves as a catchall. A small paper bag is always taken to the bedside of a patient about to have her toilet made, for combings, etc.

It was not the intention to touch upon the operating room but possibly T. M. M. in November JOURNAL may be answered here. Rubber gloves are boiled for a minute, washed with green soap and warm water, dried, powdered, and sterilized for fifteen minutes. The wrists are always turned back for ease in putting on.

Of the basins, trays and other utensils used in operating work, one set is kept, always in readiness, in the instrument boiler. A stone filter which can be boiled is used with perfect results.

The nose and mouth shield for the surgeon's face is made of four folds of gauze, three inches wide. When donned, it is so separated that three folds are over the nose and one over the mouth, fastened, of course, at the back of the head.

The head covering worn by the nurses is very simple and easily arranged: a straight piece of muslin about twenty-seven inches in length and about nine inches on the sides, sloping down to twelve inches in the middle of the back. The straight edge is put on across forehead and pinned at the back, the extra length covering the hair quite to the back of the neck. A new cap just received from "the other side" is not unlike the helmets of the life-saving crews or the head covering of aeroplanists. Made of muslin and covering the head completely, with an aperture in front for the eyes, it is drawn over the head, the necessary width about the neck being confined by two pieces of tape which cross and tie.

Specially interesting is the cystoscopy room with its five or six cystoscopes. The surgeons use the cystoscopes by appointment and one nurse is detailed for the service in this room.

NEW HOSPITAL FOR MASSACHUSETTS.—The first of Massachusetts' three tuberculosis hospitals, mainly for advanced cases, has been opened at North Reading. This is the first state sanatorium in the United States, and one of the few in the world making extensive provision for the care of advanced cases of consumption. The superintendent is Dr. E. B. Emerson. Two other hospitals of this character are in process of erection at Westfield in the Connecticut Valley and at Lakeville in the southeastern part of the state.

These three hospitals were provided by an act of the legislature of 1907, \$100,000 being voted for each institution. The hospitals are being built and managed by a commission, of which Dr. Arthur T. Cabot is chairman and Dr. John B. Hawes, 2nd, secretary. Each hospital will care for 150 patients. Owing to the fact that the law providing for the hospitals strictly limited the expenditure to \$100,000 for each, including the commission expenses, they stand as models of economical, scientific construction.—*The Survey*.

NURSING IN MISSION STATIONS

(This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.)

A PHILIPPINE HOSPITAL

BY ROSE E. DUDLEY

THE Mary Johnston Memorial Hospital for Women and Children was formally opened in August, 1908. It is a charitable hospital, under the management of the Methodist Episcopal Church, and is located in the native section of Manila on Manila Bay.

An American doctor and American nurse are in charge. We have forty beds but so far have only been able to average twenty patients, owing to lack of funds and American help.

At present we have fifteen Filipino nurses in training. Two of these are always on night duty; one does all the dressings of hospital and dispensary patients, another is diet nurse and prepares the babies' foods, another does all the sterilizing and has charge of the surgery. Two Filipino doctors give their services to the dispensary work.

The Filipino girls are bright and interested in their work, learning very quickly as a rule, but they need constant supervision as they have no idea of responsibility.

Our teaching is all done in English, and as our first nurses had had practically no English education the work has been slow. Our junior class is composed of girls who have had several years in the public schools and their minds are alert. They have had their awakening and we see a great difference. We have lessons in the Bible, anatomy and physiology, practical nursing and dietetics, with lectures on care of children and *materia medica*. We are making special efforts along the lines of obstetrics and care of babies. The mothers are pitifully ignorant and suffer terribly at confinement very often, and the poor little babies get very ignorant care in many, many cases. The mother feeds the baby every time it cries, and feeds it anything that is at hand. The result is that the babies have all kinds of intestinal troubles. Very often

they are sick for weeks before any aid is sought, and then nothing can be done. We want to train our girls to care for babies and to manage normal confinement cases, for such medical help as is obtainable in the provinces is worse than none.

The nurses are always eager to teach what they have learned and their own people receive their teaching very kindly. The girls return from their vacations with stories of the sick they have helped. One girl went calling the other day on a former baby patient and found his mother feeding him *cold* milk. She was so angry she "commanded" the mother to bring the baby at once to the hospital and the mother did so. Another nurse, in calling on a former patient, objected to the way the baby was being bathed and calling for a basin demonstrated to the mother and neighbors.

We have had a number of young mothers from among the better class of Filipinos and they have proved such satisfactory patients. If they are started right we hope they will never consent to the practices so often resorted to at childbirth.

During the year September, 1908, to September, 1909, we have had 9000 dispensary patients, 361 hospital patients, of whom thirty have been obstetrical patients. We have done 3000 dressings and filled 18,000 prescriptions.

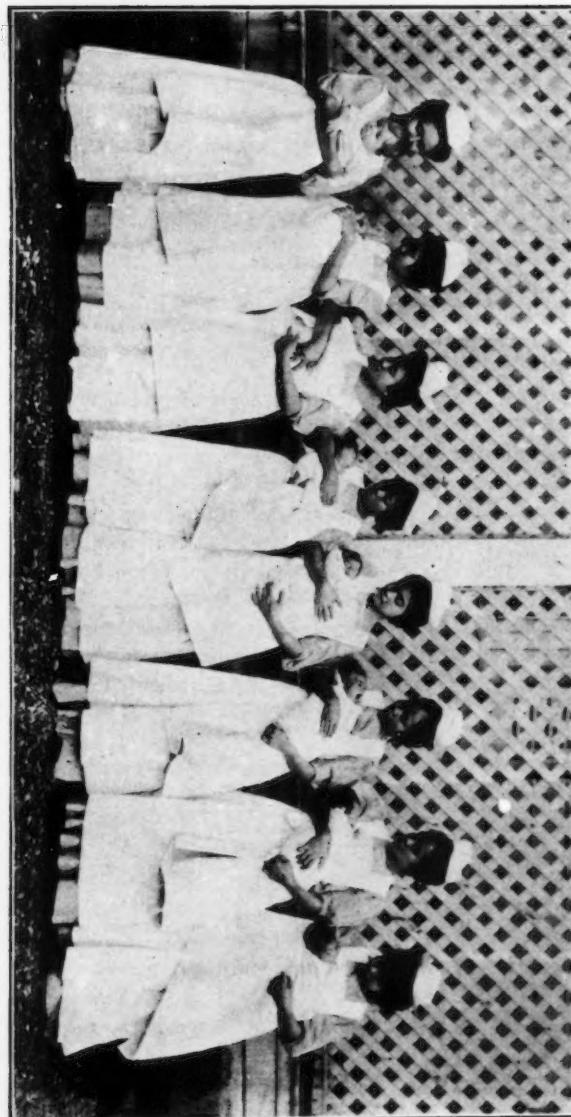
ITEMS

The China Medical Journal for September gives a review of medical education in China which includes some notices of schools for nurses.

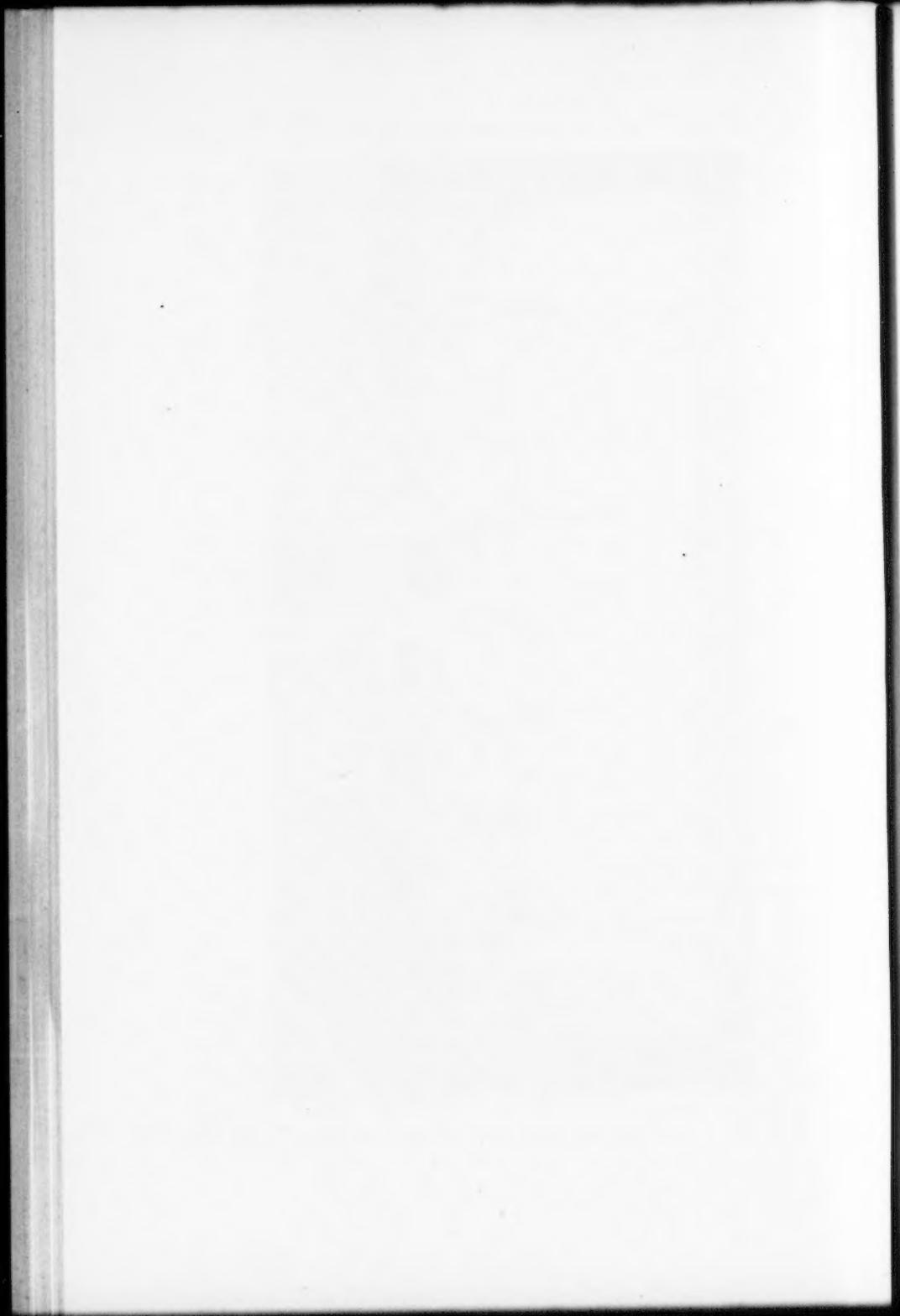
"In connection with the David Gregg Hospital for Women (Canton), nurses are being trained. Eleven are now studying. Four have graduated. All are in constant demand and give satisfaction to both foreigners and Chinese. All are Christians."

"The Nanking Union Nurses' Home and School opened October 5, 1908. It proposes to give a three years' course to graduates of mission boarding schools and four to five years' course to undergraduates according to their capability.

"A suggestive outline of a three years' course of instruction as outlined in Isabel Hampton Robb's 'Nursing: Its Principles and Practice,' which is translated into Chinese and now in press, has been accepted by the above school. During the three years, graded instruction, practical and theoretical, is given in the following subjects: bacteriology, hygiene, household and nursing economics, including dietetics, anatomy, physiology, *materia medica*, the principles of nursing and their practical application to the care of medical, surgical, gynaecological, and obstetrical



FILIPINO NURSES AT THE MARY J. JOHNSTON MEMORIAL HOSPITAL.



patients, as well as in mental and infectious diseases. Special attention is given to the subjects of surgical technic, massage, baths, and the ethics of nursing.

"The Central China Medical Association has undertaken to give final examinations to the student nurses and confer diplomas on successful candidates. The examining committee of said association also issues rules governing nurses.

"A resident foreign-trained nurse is to be superintendent of the school and to use the different mission hospitals of the city as the field of training, also giving personal oversight to private and district nursing done by students."

In Anking there is a training school in connection with St. James' Hospital.

"Student nurses, both men and women, were received in the departments of the hospital after the opening of the new hospital in October, 1907, but regular courses of instruction were not started until after Chinese New Year, in February, 1908. The course is for three years, after which the graduate nurses are under contract to serve the mission for an additional two years. A good knowledge of Chinese is required for entrance into the school, and lectures are given on Chinese, elementary English, elementary arithmetic, anatomy, physiology, *materia medica*, and practical nursing. Of course these lectures are supplemented by constant instruction in the wards, dispensaries, and operating rooms of the hospital, and diploma will be granted only after satisfactory examination on the above subjects."

"There are now in the school sixteen nurses, the full quota, ten men and six women, all of whom have had more or less of a high school education.

"Miss M. R. Ogden is in charge of the women and Miss S. C. Tomlinson of the men nurses, and it was only through their help that the starting of the school was made possible.

"The nurses receive board, laundry, uniforms, and a graded salary, ranging from fifty cents per month for the women probationers to six dollars per month during the third and fourth years of service for both men and women.

"The women and men nurses are kept carefully segregated with separate lectures on all subjects."

"The Union Training School for Nurses, Peking, was opened in October, 1906; the American Methodist and Presbyterian and the London Missions participating. A year and a half later the London Mission, having no woman physician on the field, withdrew, so that the

work at present is carried on by the two American Missions. One of the girls who entered the first year is now studying medicine, several others have dropped out for one reason or another. Some entered with the purpose of taking but one year before marrying, and are now out on country stations ready to bring real practical help to many homes about them. Eight girls are now in attendance.

"The teaching staff: Drs. Gloss and Leonard, Misses McKillican and Powell. Course three years. Practical work throughout. Lectures for first two years."

"H. H. S." writes from Bailundu, Africa:

"I should like to express my appreciation of the JOURNAL and thank all its contributors for the splendid and helpful articles they give us. I am way off in Central Africa, doing missionary nursing, and each month I look forward with eagerness to the arrival of the JOURNAL. I consider it a strong link between me and the home land."

NATIONAL CAMPAIGN OF FIRST AID TO THE INJURED.—A national campaign of instruction in first aid to the injured among men and boys in the city and country, in professional pursuits, industry, trade, and commerce, is being promoted through a co-operative arrangement of the American National Red Cross and the International Committee of Young Men's Christian Associations. To encourage this campaign, these two organizations, the latter, through its educational and physical departments, offer to those passing the regular examinations, joint certificates bearing their official seals, the signatures of their respective representatives and of President William H. Taft of the Red Cross. In this joint movement, which is probably the largest of its kind ever launched, the association is the active body, promoting and conducting the work at its various centres. It is expected that during the next few months several thousand men and boys will be effectively prepared for emergency "until the doctor comes."—*The Survey*.

Not even a Burbank would attempt to bring a plant to maturity by depriving it of light and air and sunshine, but, according to a recent report, there are 300,000 absolutely dark bedrooms in the city of New York alone, where humankind, old as well as young, are supposed to live and move and have their being.—CONFERENCE ON INFANT MORTALITY.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

THE EUGENICS EDUCATION SOCIETY OF ENGLAND

MANY signs and wonders portend the oncoming of a new era in civilization and in the development of the human race. Of these, one of the most significant and hopeful is the formation of associations of people who intend to investigate all the factors having to do with the propagation and rearing of the best known types of human beings. This is the purpose of the Eugenics Education Societies, wherever found, the one in England being perhaps at present the most prominent and strongly founded.

"Eugenics" means, speaking colloquially, "race betterment." The term was invented by Francis Galton, "the first to set on foot scientific methods of measurement and calculation" in regard to human beings; who is also the founder of the "Eugenics Laboratory" organized in consultation with the authorities of the London University, where important researches are carried on in the problems of how the future generations shall be well born; who is also called the apostle as well as founder of the new science,—for it must and will prove to be the most supreme and all-important, all-embracing science known, to which all others will be but contributory—the science of developing a higher and nobler race of men.

A more scientific definition of the word than the one just mentioned is given in the circulars of the society: "Eugenics is the study of agencies under social control that may improve or impair the racial qualities of future generations either physically or mentally," and extracts from the report of the Physical Deterioration Committee appointed by the British Government in 1904, signed by Galton, point out: that the fact that laws of heredity apply to man as well as to plants and animals, and that heredity affects the mental as well as physical qualities, is generally ignored by the public; that "degenerates" are not less fertile than normal persons, and frequently propagate children; that one of the first efforts of practical eugenics will be to restrict the breeding of the notoriously *unfit*, as later efforts must be to promote the propagation of the *fit*.

Eugenics "teaches the responsibility of the noblest and most sacred of all professions, that of parentage, and makes a sober and dignified claim to be regarded as a constituent of the religion of the future . . . the eugenist seeks to brand the transmission of hereditary disease as a crime and to extirpate such disease altogether. . . . It offers, in the judgment of many scientific students of human history, the sole chance of our escape from the fate which has overtaken all previous civilizations. . . . The young people of the next and all succeeding generations must be taught the supreme sanctity of parenthood. . . . There is here a field for moral education of the highest and most valuable kind, both for the individual and the race. . . ."

The society, through its various committees, publishes educational literature and distributes it, arranges meetings, conferences, lectures, and papers for public propaganda, and in general works on the same line as the societies for sanitary and moral prophylaxis. It publishes a journal called *The Eugenics Review* which may be ordered from the office of the society, 6 York Buildings, Adelphi, London, W. C.

The society has many members distinguished in the intellectual world. A visit made to its honorary (meaning an unpaid) secretary, Mrs. Gotto, disclosed the fact that she is greatly interested in the movement now being carried on to combat venereal diseases, and was especially pleased to learn of the resolutions carried at the International Congress of Nurses in London, to promote this movement by every means in their power. She hopes much from nurses, when intelligently awakened to human problems—every one does, about all kinds of problems; but this is one intimately connected with health, and nurses who marry and have families should find their knowledge and training an excellent preparation for taking up the higher study of eugenics. Such women, if they entered the society, should be a most valuable and effective source of strength to it.

It would seem that the English nurses have been more courageous and more earnest in taking up the matter of sanitary and moral prophylaxis than the physicians. England has as yet no society, such as has been formed in America and in most European countries, composed of medical men, teachers, and leaders of progress among the laity. Perhaps the example of the nurses may stimulate one to arise, or perhaps the Eugenics Society might develop a strong committee to work on this special line. We were told, in London, that a woman physician had requested to be allowed to read a paper on the lines of sanitary and moral prophylaxis at a medical meeting composed of both men and

women physicians, but that her request was refused and she was not allowed to bring the matter up. Great and wide-spread interest is being shown in the three papers that were read on this subject at the congress. So many requests for the full text have come to the *British Journal of Nursing* that they may possibly be issued as reprints.

THE women physicians of England, being repressed in the medical societies as to the crusade against venereal disease, carry their activities and energies into "The British Committee of the International Federation for the Abolition of State Regulation of Vice," the honorary secretary of this committee being a physician, Dr. Helen Wilson. As the name explains, this society stands for the overthrow of the present horrible system usual on the continent, of state licensing and supervision of vice under a set of special police called, most cynically, "morals police." This system was established for twenty years in England and was overthrown by a great uprising of women.

THERE is a vexing question discussed just now, in England, in regard to venereal diseases, namely, "notification," and with it is connected the sinister phrase "detention in hospital." Those who study past history and present dangers will see that this is only a subtle attempt to introduce in specious guise the old evil of "regulation" under police control, of the women only, not the men, who lead immoral lives. The wisest medical authorities agree that compulsory notification and treatment would defeat their own ends, just as regulation has done. Ample free treatment should be provided for all, boards of health may well take censuses of venereal disease so that the public may know its extent (and there is much that they can do in sanitation and teaching), patients should be encouraged to avoid quacks and seek medical aid early, but any hounding of individual patients can only be possible with those who are defenceless. The long period of time needed for cure makes isolation resolve itself into imprisonment for a few. Nurses, accustomed to see scarlet fever, etc., isolated, should not conclude that venereal diseases can be reckoned with in the same way. Only full, free public enlightenment is hopeful, for these diseases are absolutely avoidable, and people only need to be taught how to avoid them. We had better limit our activity to educational propaganda and not take part in projects for direct legislation at present.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

MALARIA TREATED WITH INJECTIONS OF QUININE.—The *Medical Record*, quoting from the *Lancet*, says: G. W. Young reports three cases of malaria occurring in young males. In all the stomach was intractable to quinine and they were given injections of ten grains inserted deep into the gluteal muscles, after which the stomach became more tolerant and they were quickly cured. The salt used was the acid hydrochloride. One of the cases was of the tertian type and the other two quotidian.

THE AIR OF THE OPERATING ROOM AS A POSSIBLE FACTOR IN THE INFECTION OF WOUNDS.—The *New York Medical Journal*, quoting from the *American Journal of Obstetrics*, says: Robb offers the following conclusions: 1. Floor. An antiseptic in the wash water on the floor made a difference in the bacteria falling on the plates used for experiment per minute. 2. Fan. In some cases the use of a fan seemed to make perceptible difference, in other cases it did not. 3. Walls. This was found to be an important factor, colonies of bacteria being absent if the walls had been carefully scrubbed one or more days before the experiment was made. 4. People in room. This was also important, no colonies of bacteria falling on the plates on Sunday when there were no people in the room. 5. The *Bacillus pyocyanus* was found in a room in which a patient infected with this organism had been operated upon three weeks previously. 6. In the uncared for pathological laboratory there were moulds but very few bacteria excepting bacteria coli. 7. In summer with windows open bacteria were more numerous than in winter with the windows closed.

NEURASTHENIA.—The *Medical Record*, quoting from a German contemporary, says: Jendrassik discusses this disease and concludes that it is a single definite disease, the symptoms of which may vary greatly in individual cases. There is, however, no definite symptom group characteristic of neurasthenia; it is more the combination of changing symptoms which characterizes it. The basis of neurasthenia is a hereditary increased irritability of the nervous elements of definite

portions of the brain. There is no brain weakness. On the contrary the brains of neurasthenics are more active than those of the healthy. The increased irritability causes a restlessness, even an ability for greater activity. The neurasthenic cannot be separated from the normal by any sharp line of demarcation. The mild cases border on the normal and the severe ones verge into paranoia.

CYSTOSCOPY.—Catheterization of the ureters is a comparatively new achievement, though experimenters have been at work on instruments and devices which should make it possible since 1807. The object is, of course, to get specimens of urine from each kidney separately as a means of diagnosis of kidney disease. The latest and most successful device for doing this is the cystoscope, a tube which combines a tiny electric light and either one or two catheter points; by this means the interior of the bladder is lighted and the entrance to the ureter is made sure. In using the instrument antiseptic precautions are observed. The parts are cleansed as usual and the cystoscope, which has been kept in an atmosphere of formaldehyde gas, is immersed in a strong formalin solution for thirty minutes, then washed with sterile water. With the earlier instruments pain was produced and a general anæsthetic was necessary; now local anæsthesia is used, as the perfection of the instrument has resulted in its having a smaller calibre. Those interested in studying the subject more in detail will find an article in the October number of the *Yale Medical Journal* by Dr. P. Duncan Littlejohn.

BACKWARD SCHOLARS.—The *Medical Record* in an abstract of a paper in *Gazzetta di Roma*, says: Giacinto Fornaca discusses the education of backward children in public schools. There are two classes of deficient—those who are backward because they are not regular in attendance, this being the result of physical incapacity in some line, such as deafness or poor vision, and those that are deficient mentally. Some children do not advance because they are poorly nourished, others because they are growing and developing fast and have not strength enough to study well. Those who are deficient mentally may or may not show it in their looks. Some are apathetic, others too vivacious and irritable; both classes are unable to concentrate their attention on any subject. Some of these children show a loss of memory, while others have an excellent memory for music or mathematics. These children are well pleased with themselves, having no idea that they are acting foolishly; they may be emotional, sentimental, or affection-

ate. Some show a marked overactivity and cannot refrain from slapping or pinching their fellow scholars. Important factors in the etiology of such conditions are alcohol, syphilis, tuberculosis, and toxic and infective conditions in the ancestors. This deficiency may be congenital or acquired, and epilepsy is frequent among these children, either petit or grand mal. The reflexes may be exaggerated, and there may be a spastic condition of the limbs, with spasmodic movements. As to the pathology of these conditions, sufficient examinations have not been made postmortem. The treatment of these cases involves treatment of their eye condition, hearing, removal of adenoids, etc., in the first class of cases. The treatment of the mental defectives involves special schools, in which the children can be individualized, and the same teaching gone over day after day and hour after hour, interspersed with rhythmical exercises. They should be much in the open air, under the best possible hygienic conditions, and separated from their parents for the entire year, since when they leave school and return to their homes they rapidly go back to their original state.

CURRENT LITERATURE OF INTEREST TO NURSES

Medical Record, October 2, "The First American Hospital," James J. Walsh, M.D.; October 16, "The Borstal System for the Treatment of Juvenile Criminals," Editorial; October 23, "The Use of Ethyl Chloride as a General Anæsthetic," G. Mather Sill, M.D.; October 30, "Dysentery Carriers," Editorial. *New York Medical Journal*, October 2, "Treatment of Hookworm Disease," Editorial; October 9, "Mental Hygiene," C. E. Wood, M.D.; October 16, "The Personal Side in the Treatment of Tuberculosis," Howard D. King, M.D.; October 23, "Method of Home Modification of Cow's Milk for Infant Feeding," Herman B. Sheffield, M.D.; October 30, "Treatment of Typhoid Fever," M. B. Ferstler, M.D. *Journal of the American Medical Association*, October 16, three papers on typhoid, by Drs. Dutton, Stone, and Lumsden, and the discussion following; "Practical Window Ventilation," William J. Manning, M.D.; "Diabetes," "Institutional Care of the Insane," Editorial; October 30, "The Wet Dressing in Surgery," Charles A. Parker, M.D.; November 6, "Alcohol." *The Survey*, October 16, "Atlanta's Tuberculosis Dispensary for Negroes," Rosa Lowe; November 6, "Sanitation in the Philippines," Victor G. Heiser, M.D. *McClure's Magazine*, November, "The Daughters of the Poor," George Kibbe Turner; "Pellagra," Marion Hamilton Carter. *The Outlook*, November 13, "The New Philanthropy," by Alida Lattimore.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE.

IN CHARGE OF
HARRIET FULMER

THE AFTER EFFECT OF SUMMER OUTINGS UPON LIVING CONDITIONS IN THE CONGESTED DISTRICTS

By MABEL JACQUES

Formerly Special Tuberculosis Nurse, Visiting Nurse Society, Philadelphia

THERE are very few people who at some time during the summer months do not see a crowd of children boarding a boat or a train to be taken away for a ten days' or two weeks' outing. Sometimes these children are pale, emaciated little cripples, being taken off to a sanatorium by the sea-side, where the salt air and good food will help to put color in their faces and flesh on their bodies; or we may find a crowd of apparently healthy little rowdies, typical street urchins, already bronzed and rosy from the city's sun, the type of children one sees capering to the music of a hurdy-gurdy. Perhaps one almost wonders why it is necessary for these children to be sent away at all, that perhaps they are keeping sickly ones from the benefit of the outing. This is rarely the case at the present day, when there are so very many places for the children to go to that it is hardly necessary for any poor child to do without the outing if he applies.

Just what does this outing mean to the children of the congested districts? I have already pointed out the benefit to be obtained by the crippled child from the sea air. Most crippled children are tuberculous, and it is to the sea-shore that these children are sent if possible. Here we find that old wounds are healed, little weak backs are strengthened, and much is done toward the prevention of the disease. The question, however, very naturally arises as to the continuance of this improvement when they return home. This is a most reasonable one, when people who are dealing with the admission of children to the institutions find the same children returning year after year always, apparently, in very much the same condition as the previous year.

Take also the children who are sent away for a country week, not necessarily sick children, but those gathered in from the highways and

byways of the slums, sent out to see God's country at some comfortable farm for one week of the sweltering summer. You wonder, perhaps, what one week can mean to these children, and we read in the joke columns of the daily papers the now rather trite stories of the little girl who refused to eat her apple pie at a farm house because there was no cheese and of the boy who cried because he missed the tall buildings. These and hundreds of similar stories we read and are told, but we hear less about the thousands of children who welcome the first sight of the green fields with cries of delight, and whose one week is a continual round of wonder and enjoyment for them; who, as soon as they reach home begin looking forward to the next summer and wondering if they will have the good luck to go away.

So much for the effect that the outings have directly on the child. There is, however, a still greater result,—the influence that the child unknowingly exerts over his family and associates upon his return.

To the casual observer this possibly is hard to realize, but visit the houses of these children before they go away, and a few weeks after their return go again. Do not expect to find a whole family reconstructed,—where there was filth, absolute cleanliness; where there was crowding, plenty of space. This would be phenomenal. But there are little ideas that these children bring back with them. The following incident shows the smallness of these ideas and yet the great influence for good that they eventually bring about.

While taking a girl of seven years from the station to her home one day last summer, I questioned her about what she had done while away. She had been to the Gwynedd Home for Convalescent Children, one of those model institutions that the country is blessed with. She told me the good things she had to eat, of the flowers they picked and the games they played, and then, drawing her little figure up, in a proud way, she added, "And they made us brush our teeth every morning and night," and quick as a flash she drew from a newspaper package a bristling object, exclaiming, "See, they gave me a toothbrush all of my own to take home." The passengers on the car laughed, never dreaming of the untold good the little toothbrush was to do.

Just a year later I visited the home of that child to make arrangements for her to go away again. "Shall I take the toothbrush?" she asked, almost the first thing. Upon my expressing surprise that she still had the brush, she said, "Oh, my father got me a new one and my brother and sister have one too." Further questioning revealed the fact that all the members of the family had them, and, what was better still, used them; and it did not stop there, for every child had

his or her own particular friend, and this child's friend must do as she did. What a great deal of disease in this world is due to dirty mouths and teeth, and what a wonderful thing is being accomplished by keeping one family and a neighbor's with clean mouths!

I found a little Italian girl industriously cutting down her eldest brother's and father's shirts. Upon my inquiring as to the cause of this, she exclaimed, "To make nightgowns for my little brother and sister, like they do at the sea-shore." She had been away one week, and never before had gone to sleep in anything but the clothes which she had worn all day. I could recount many more stories, all rather similar in their meaning, and all emphasizing the good influence upon general living conditions that summer outings and visits to the sea-shore sanitaria undoubtedly exert.

ITEMS

ELLA P. CRANDALL

Nurses Settlement, New York

PERHAPS the most important event to nurses engaged in district nursing and social welfare work is the fact that Miss Waters' book on "Visiting Nursing in the United States" has been put into the publisher's hands. Reviews of the book will follow in an early number of the JOURNAL, but it is worth remarking at this time that the book marks an epoch in an important phase of nurses' activities and is certain to be impressive to its future readers. It shows from cover to cover pains-taking, conscientious labor in its compilation; and future thesis writers will, no doubt, give many a sigh of relief that information, which up to this time was inaccessible, has been placed within their reach. Its record of fine achievements must add dignity to the nursing profession.

The book, however, is not a compilation only. The brief historic outline, the arguments, the principles, have been presented with attractive simplicity, and most important of all is the wide range of the nurse's usefulness that has been more clearly presented than ever before.

GRADUATE nurses inspired to obtain more complete preparation for their work are to be found enrolled in the Hospital Economics Course at Teachers' College, and in the Schools of Philanthropy. There is evidence on the part of the nurses of an awakening to the need of further social education to meet the large demands for social welfare work now made by the general public.

It is gratifying to know that the nursing profession is making ready to take its full share in the stupendous movements of the times for civic righteousness and social uplift.

LETTERS TO THE EDITOR

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[The Editor is not responsible for opinions expressed in this Department.]

A COSTLY DELEGATE

DEAR EDITOR: I would like the enclosed expense account published in the JOURNAL and wish you would ask other delegates to send theirs for publication for comparison. As this amounts to over \$27 a day for one person, it would be interesting to know what others had to pay.

EXPENSES OF ONE DELEGATE TO MINNEAPOLIS, MINN., COVERING FIVE DAYS	
Ticket	\$34.80
Pullman	14.00
Hotel (room)	24.50
Board	39.25
Cabs	3.00
Tips to waiters and porters.....	5.00
Car fare	1.75
Substitute	10.00
Trunk transfer	1.50
Laundry	1.25
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	\$135.95

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[It would seem hardly necessary to give a word of caution to nurses representing their associations at our large gatherings in regard to extravagance of any kind. We think one distinguished by her association in having this privilege should, if anything, be more careful in regard to economy than if she were meeting her own expenses. Our own rule is to select a small room, without bath, to avoid cabs as much as possible, to limit our tips to waiters to the proportion of 10 per cent. of the bill, and to select the simpler and less expensive articles of food on the menu. Where the hotel service is extravagant, we take part of our meals at a nearby restaurant. We took these same precautions when, as an examiner, our expenses were paid by the state. Those who have had a wide experience of the responsibility of spending other people's money are more particular in regard to these matters than in spending their own.—**EDITOR.**]

ADVICE SOUGHT

DEAR EDITOR: What strength carbolic and formalin solutions are being used by the hospitals for disinfecting operating room walls? I have been using 1-1000 bichloride and find it stains the walls unless used sparingly.

In replying to "An Inquirer" in the October JOURNAL, I wish to say that

I do not know whether it is customary for surgeons to have a nurse for assistant, but I am assistant here, and a doctor from Columbus also has a nurse assistant, both having another doctor for the anesthetic.

M. M., Ohio.

SUGGESTIVE

DEAR EDITOR: Enclosed you will find fifty dollars to cover the expense of twenty-five subscriptions for the AMERICAN JOURNAL OF NURSING. I will ask to have these subscriptions begin with the November JOURNAL if possible.

Our senior classes hereafter will make the JOURNAL a text-book for class readings and class discussions, and I hope that by the time they are ready to leave the school they will have formed such a "Journal habit" that they will be unable to get along without it.

The Sisters all remember with pleasure your visit to Mercy Hospital and hope that you will find it convenient to come and see us if you are in Chicago again. Needless to tell you that we all enjoy the magazine and look forward to its monthly visit. With best wishes for your success, I am,

Sincerely yours,

SISTER M. VERONICA,
Superintendent of Nurses.

JOURNAL COMMENTS

DEAR EDITOR: A short time ago I received my first subscribed copy of the AMERICAN JOURNAL OF NURSING and have read it from cover to cover.

The International Council and Congress in London must have been an inspiration.

I am nursing on an island where one finds sanitary difficulties similar to those Isabel McIsaac mentions in her "Household Hygiene," and as I am practically housekeeper as well as nurse, I find myself spending about a third of my time fighting these conditions outside the sickroom. Would that every intelligent person on the island might read and appreciate that article.

"A Plea for the Profession of Private Nursing" deserves attention and thought. The suggestions seem plausible and excellent.

Concerning the printing of answers to examination questions, may I add my plea to the list. Although a comparatively recent graduate and desirous of "keeping abreast of the times," I find that as experience increases I have little time or inclination for real study and research. It necessitates the having at hand of any number of text-books. The printing of answers would enable one to "brush up" on half a dozen questions during a leisure ten minutes.

I was interested and somewhat amused on reading "Trans-Missouri's" letter in the October issue. Evidently our sister has not taken into consideration the fact that all nurses are not gentlewomen.

I call myself a Bostonian and only last winter I made the acquaintance of a nurse of average ability, though not a graduate of my own school, who appeared to be in her element when chewing gum, and whose conversation was punctuated with slang. Some nurses do not look upon the profession as seriously as others. I feel that there is hope for the nurse "across the aisle." Perhaps at some future time she will come in touch with nurses of "Trans-Missouri's" type who will influence her to "act the better part." Personally, I believe in the highest ideals, the most faithful service.

VIA NANTUCKETT.

PRESERVATION OF JOURNAL ARTICLES

DEAR EDITOR: I cannot carry all my JOURNALS about with me, or even preserve them, so I have taken a number of large envelopes and labelled them typhoid fever, tuberculosis, gynaecology, etc. Into its own envelope I slip any article that I find of especial practical value and which may help me some day while at work. One or all of these envelopes can be carried easily in a suit case and will be at hand to offer valuable help in time of need. L. B., R.N.

A REPLY

DEAR EDITOR: I would like to answer the two parts of the first question on "Hospital Policies" in the October number. From the standpoint of right I believe it to be perfectly right for a trained nurse, who is competent to do so, to act as a surgeon's only assistant at a major operation. The responsibility is with the surgeon and not his assistant, and if the surgeon is satisfied with the ability of a trained nurse to be his assistant that is sufficient. According to the best information I can get I find that it is becoming more and more the custom among surgeons to employ trained nurses as surgeons' assistants. One of the leaders along this line was Dr. W. J. Mayo who employed Sister Mary Joseph as his assistant for twenty years. I consider that work as surgeon's assistant to be a great field for competent trained nurses. I have been acting as a surgeon's only assistant for more than a year. The same questions are involved concerning the trained nurse as an anaesthetist and many are successful in that position. M. S. STEVENSON.

THE GUILD OF ST. BARNABAS

I.

DEAR EDITOR: The Charleston branch of The Guild of St. Barnabas for Nurses wishes to enter an emphatic protest against the substance of an article published in the October issue of your JOURNAL, criticizing adversely the chaplain of this branch, the Rev. Louis G. Wood. The said article represents our chaplain as implying that the Guild has been the means of revolutionizing the social status of the nurses, and as making the statement that "ten years ago nurses were social outcasts."

At the May meeting of the Charleston branch to which, we presume, the "Recent Member" alludes, a letter was read from the chaplain-general, questioning the branch as to the means of increasing an interest in the work of the Guild. This letter brought forth a lively discussion on the discouraging phases of our work and finally to a motion from an active member of the Guild that this branch be disbanded. On this motion Mr. Wood made a most eloquent appeal for the continuance of the work, setting forth the religious and social opportunities which the Guild affords to nurses who are placed by their work in strange cities and far from home ties.

To us it seems inconceivable that any one present should have misconstrued his statements to mean anything derogatory to the nurses or to the profession of nursing; his sole purpose being to sift thoroughly certain discouraging features of our local work and to find a remedy therefor.

The Guild of St. Barnabas (which surely could have no other object than the welfare of the nurses) was established in Charleston by Mr. Wood, and he has, through the six years of its existence, proved his loyal and continued

interest. A man of progressive spirit, strong personality, and wide sympathies, he has been "instant in season and out of season" in his helpful ministrations; ready at all times, whether personally or through the Guild, to labor for the welfare of the nurses.

We ask that this expression of confidence and regard for our chaplain receive space in your next issue.

Respectfully,

JEANNIE O. M. CORNELL,
Assistant Secretary.

Charleston, South Carolina.

II.

DEAR EDITOR: May I reply to "A Former Member of St. Barnabas Guild," regarding the communication in your October issue? The Guild, primarily, is intended to be a religious organization, designed to incite nurses of all denominations to do better work and be better women. The social meeting, which is held after the religious service, is intended to promote good will and good fellowship among the members, and to my knowledge friendships have thereby been formed that never would have been had the social side been neglected.

It seems to me that a nurse has no time to bother over her "social status." Under all conditions a woman is what she makes herself, so what is the use of taking up an unfortunate remark which was surely not intended to give offence? Any woman joining the Guild in sincerity and living up to her promises cannot fail to be lifted up to a higher plane morally and socially, and surely it is worth while to take advantage of opportunities for meeting and knowing such women.

A MEMBER OF THE PHILADELPHIA BRANCH OF THE GUILD OF ST. BARNABAS.

III.

DEAR EDITOR: As an associate of St. Barnabas Guild and one who dearly loves our Guild and knows what a blessing and help it is to many nurses, may I reply to the inquiring nurse who asks what are the social benefits to be derived from membership in the Guild, by saying, if I thought that the social object of the Guild was its prominent feature, or could be made so, I should join hands with this Charleston nurse and with her send in my resignation. My reason for belonging to and staying in the Guild, and I think most of its members feel as I do, is entirely to be found in Article II of our Manual—the first and all-important object for which the Guild stands: "To assist its members in realizing the dignity of their calling and in maintaining a high standard of Christian life." There it is in a nutshell. Every nurse goes into her profession with enthusiasm and high ideals of what she will accomplish. When she meets the trials and disappointments that are sure to come to her as she goes out into the world from her training school, how many are able to fulfil this early promise? And just for this reason does the Guild exist to reach out and give assistance to the nurse.

A DEVOTED ASSOCIATE MEMBER OF ST. BARNABAS GUILD FOR NURSES.

IV.

DEAR EDITOR: It is a matter of regret that absence from my residence on a case has prevented me from replying in time for the November issue to the

letter from "A Former Member of St. Barnabas Guild," published in the October issue of the JOURNAL.

One is led to suppose from the letter that the Guild has been presented to this nurse solely or chiefly as a social organization, existing only for the social benefit of the nurse and of her profession.

Let us refer to the Guild's Constitution and we will find that Article II, which deals with the object of the Guild, has two sections,—Section 1, religious, Section 2, social,—showing that the Guild gives its religious privileges, advantages, and obligations pre-eminence to those of its social side.

Space would not permit saying all that could be written concerning Section 1, and of the satisfaction and blessings which the religious side of the Guild can afford to those who will avail themselves of it; nor does it seem quite the place here to go into the details of the charitable and missionary work which the religious side of the Guild is handling.

That the good judgment and personality of a branch's chaplain goes a great way toward helping its members to profit from the religious as well as social side of the Guild I firmly believe. In our branch we have always been singularly blessed with good chaplains.

As to the social side which the "Former Member" asks about, let us consider Section 2, which reads: "Social: By associating nurses together, and with them other women, as friends, to provide under God's blessing some of the comforts and power gained by such an association." As a Guild member I have gradually come to feel that we are not to interpret this section as meaning that the "comforts and powers gained by such an association" come only to nurses, but rather, I think, all members, whether active or associate, have something to exchange with one another in friendship and good fellowship, so that the pleasures, comforts and powers are reciprocal. These "other women" referred to in Section 2 need our friendship and we need theirs. That friendship may become the means of preventing biased opinions on the part of all of us toward one another—on the part of nurses toward lay women and on the part of lay women toward nurses. Again, if the lay woman never meets the professional woman, excepting as haphazard chance brings them together at the home of some mutual friend, until she is forced to meet her as the professional nurse who is entering her home to care for some loved one, do you think she can have quite that comfortable feeling toward her that she would have had she previously known her as "Miss Jones, a member of our Guild"? The question is answered when we recall the many times we hear it stated that a family wants the same nurse their friend has had, "because we feel we know her."

Do we not hear nurses sometimes say, "I don't like to live in a house where there are only a lot of nurses"? That is because the nurse who says it instinctively feels the need of association with "other women."

I doubt if it was ever supposed that the Guild in this country would even try to "revolutionize the social status of the profession at large." It would seem a matter of irrational judgment to suppose that any *religious* organization would revolutionize the *social* status of *any* profession. It seems illogical. A local religious organization of any kind may possibly (other conditions being favorable) revolutionize the social status of an individual or of a small group of individuals; but if so, it would be as *individuals* apart from the fact that they might or might not be professional people.

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What social advantage is the Guild to us as professional women? Our Guild medal is the silent introduction when among strangers. According to the Rules of Life we are to "greet any one wearing the badge without waiting for a formal introduction." This rule when adhered to by all members becomes particularly pleasant for a nurse when away from her home travelling among strangers, to which the writer could testify were it not her wish to be impersonal. Of course a prudent woman will always exercise judgment as to the extent of familiarity she will allow between herself and total strangers.

If our sister nurse would like further evidence of the Guild's advantages she may address me personally. Feeling, however, that the other Guild members may want some of the JOURNAL's space for replying to the October letter, I must now close with sincere good wishes to the "Former Guild Member." With the hope that she may again become connected with the Guild, I remain,

Cordially,

C. MAY HOLLISTER,

Active Member of the Orange (N.J.) Branch, Guild of St. Barnabas for Nurses.
October 30, 1909.

V.

DEAR EDITOR: It strikes me as rather foolish for the St. Barnabas Guild members to get "huffy" over a possibly misunderstood and in any case unfortunate remark of one chaplain. The Guild is a world-wide movement; there are branches everywhere, and many members have been helped both socially to meet interesting people and financially to tide over an illness. A member of my acquaintance recently was suddenly taken ill on the train, and the person who came quickest and most effectually to her aid was a St. Barnabas Guild member who happened to see her badge as she fell.

The "Former Member" also seems to forget that the most important advantage accruing from membership is a spiritual one. From the very nature of their work and their lives nurses are prone to become somewhat hardened and cynical, and no influence is so sure to counteract this as a religious one. I say, long life to the Guild, and may I always remain a member; it has done for me what no other organization, nursing or otherwise, could do—helped me to "keep sweet."

A PRESENT AND FUTURE MEMBER OF ST. BARNABAS GUILD FOR NURSES.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

MEETING OF THE EXECUTIVE COMMITTEE OF THE ASSOCIATED ALUMNÆ

A MEETING of the Executive Committee of the Associated Alumnae was held in Cleveland on October 27, six out of the seven members being present. Mrs. Robb was appointed chairman of a committee to draft a circular letter on the JOURNAL Purchase Fund, to be printed in the JOURNAL and sent to the associations. It was planned to call the 1910 meeting the Jubilee Meeting in honor of the fiftieth anniversary of the establishment of training schools for nurses in America, and to call one whole day Jubilee Day, the Superintendents' Society and the Associated Alumnae to join forces for one big evening meeting, the day to be spent in visiting the Island institutions. It was recommended that the conventions be held the first week in June.

A feature proposed for the program is a symposium on the Private Duty Nurse, with papers on the domestic view, the physician's standpoint, special duty in institutions, from the public view, etc. It was decided to ask Miss DeWitt to preside at this session.

Minnie H. Ahrens has been obliged to resign from the transportation committee and Margaret P. Little, 79 Dearborn Street, Chicago, was appointed to fill the vacancy.

All associations which change officers during the year are asked to notify the secretary, Agnes Deans, 661 Cass Avenue, Detroit, if they wish to be sure of receiving the communications due them. A number of letters were returned last year on account of wrong addresses.

CONTRIBUTIONS TO THE JOURNAL PURCHASE FUND TO NOVEMBER 13, 1909

To contributions previously acknowledged.....	\$469.00
Michael Reese Hospital Alumnae Association.....	\$55.00
Mercy Hospital Alumnae Association.....	50.00
Memorial Hospital, Richmond, Alumnae Association....	25.00
Memorial Hospital, Richmond, Honorary Member.....	5.00
Graduate Nurses' Association of Cleveland.....	25.00
Missouri State Nurses' Association.....	50.00
Georgia M. Nevins	25.00
Oregon State Nurses' Association.....	50.00
New York Hospital Alumnae Association.....	100.00
Mary Scarlett	1.00
Florence Grard .....	.50
L. E. Langstaff .....	.50
Mary Hatcherson .....	.50
Rebecca Wood .....	.50

Jessie Corcus .....	.50
Margaret Ainslie .....	.50
Mollie Hoge .....	.50
Grace Runkle .....	.50
May Hill .....	.50
Leonora Haig .....	.50
Augusta North .....	.50
Martha Hirth	1.00
H. B. Monteith .....	.50
	\$393.00
	\$862.00

Rochester Homeopathic Hospital Alumnae Association,
one share AMERICAN JOURNAL OF NURSING stock.

ANNA DAVIDS, R.N., Treasurer.

CHANGES IN THE ARMY NURSE CORPS, FROM AUGUST TO
NOVEMBER, 1909

APPOINTMENTS: Armstrong, Victoria E., graduate of the Erie County Hospital, Buffalo, 1908; assistant directress of nurses, West Pennsylvania Hospital, Pittsburgh, Pa. Bell, Bessie S., graduate of the Boston City Hospital Training School, 1906. Bricker, Leonora, graduate of the City Hospital Training School, Springfield, Ohio, 1907. Pinches, Ethel Jane, graduate of the McKeesport Training School, McKeesport, Pa., 1905. Nichols, Ruby E., graduate of the Sarah Leigh Hospital, Norfolk, Va., 1908. Riedy, Josephine, reappointed in September, graduate of the General Hospital, Kansas City, Mo., 1905. Stuart, Millicent, graduate of the Royal Infirmary, Dundee, Scotland, 1906. Tierman, Pamelia E., graduate of the Somerville Hospital, Somerville, Boston, 1909. Wimbish, Mary E., graduate of the Sarah Leigh Hospital, Norfolk, Va., 1908.

All of the above are assigned to duty at the General Hospital, Presidio of San Francisco, California.

DISCHARGES: Corbett, Mrs. Mary V., from General Hospital San Francisco, Cal. Fisher, Iza, from Fort Wm. McKinley, Rizal, P. I. Forsythe, Mary R., from General Hospital, San Francisco, Cal., to be married. Hensel, Josephine, from Fort Wm. McKinley, P. I.; discharged after reaching home. Johnson, Sigrid C., from Division Hospital, Manila, P. I., to be married in Manila. McKallip, Elsie M., from Division Hospital, Manila, P. I. Postlewait, Clara L., from General Hospital, San Francisco, Cal. Sagar, Sarah, from General Hospital, Fort Bayard, New Mexico, to be married.

TRANSFERS: The following nurses were transferred from the General Hospital, San Francisco, to the Philippines Division, and have been assigned to duty at the Division Hospital, Manila, P. I.: Rose E. Abel, Henrietta Davidson, Lulu Horn Detweiler, Katherine Dwyer, Sophy Mary Burns, Helen M. Pickel, Marie E. Logan, and Ethel S. Williamson.

The following have been transferred from San Francisco to Fort Bayard: Jeanette E. Allen, Josephine Anslyn, and Pearle B. Beecher.

From Fort Bayard to San Francisco: Mary V. McVan and Madeleine M. Pampel.

From the Philippines Division to San Francisco: Sarah M. Hepburn, Emma

Rorthfuss, and Clara B. White for duty; and Chief Nurse Edith May Shaw for treatment.

Transferred to the Division Hospital, Manila, P. I.: Hannah P. Morris, from Camp Keithley; Elizabeth D. Reid, from Fort Wm. McKinley; and Maude B. Kee and Paula E. Nordhoff, from Camp Jossman.

Transferred from Division Hospital: Amalie Ida Haentsche to Camp Keithley; Hannah A. Kallem to Fort Wm. McKinley; Maude B. Kee and Paula E. Nordhoff to Iloilo, Panay.

Marie A. Riordan has been temporarily appointed as chief nurse at the Division Hospital, Manila, P. I., in place of Miss Shaw.

JANE A. DELANO, R.N.,

Superintendent, Army Nurse Corps.

MISS DELANO has been making a tour of inspection through the army posts of the west where nurses are stationed. She planned to be back in Washington early in December.

CHANGES IN THE NURSE CORPS OF THE UNITED STATES NAVY

APPOINTMENTS: Hess, Mary Irena, Columbia and Children's Hospital, Washington, D. C. Reed, Jennie May, Clinton Hospital, Mass., post-graduate, General Memorial Hospital, with head nurse experience at Bellevue Hospital, New York City. Claffin, Elsa Hoyt, Illinois Training School, Chicago, Ill., post-graduate course and head nurse experience at Bellevue Hospital, New York City. Palmer, Mary, New England Baptist Hospital and St. Margarets Infirmary, Boston, late superintendent Haskins Hospital, Rockport, Mass. The above nurses are all on duty at the Naval Medical School Hospital, Washington, D. C.

TRANSFERS: Hewitt, Elizabeth M., from Naval Medical School Hospital, Washington, D. C., to U. S. Naval Hospital, Brooklyn, N. Y.

ESTHER V. HASSON, R.N.,

Superintendent Nurse Corps, U. S. N.

MAINE

Portland.—THE MAINE GENERAL TRAINING SCHOOL ALUMNAE ASSOCIATION held its annual meeting at the nurses' home on November 3. Officers were elected as follows: president, Sara A. Lyons; vice-president, Edith L. Soule; secretary, Elizabeth F. Chase; assistant secretary, Hattie Hohenfeld; treasurer, Maria F. Irish. Executive Committee, Alice M. Lord. Sick Benefit Fund Committee, Maud Batson, Josephine McLaughlin, Emma Chapman. Registry Executive Committee, Dr. Lucinda Hatch, Alice M. Lord, Sara A. Lyons. A committee of five was appointed to arrange for some exercises to celebrate the twenty-fifth anniversary of the training school. The report of Miss Bishop, delegate to the Associated Alumnae which met at St. Paul, Minn., was read, and tributes to the late Drs. C. O. Hunt and S. H. Weeks prepared by Miss Noyes were read by Miss Soule; the school having met with an irreparable loss by the passing away of these physicians, who had been interested in its welfare and had given generously of their time and talent to bring it up to the high standard it has maintained.

MASSACHUSETTS

Boston.—THE BOSTON NURSES' CLUB has the following program for 1909-10: October 7, "Privileges and Responsibilities of Club Life," Dr. William M.

Conant; October 21, "Modern Specific Methods of Treatment in Infantile Diarrhoea," Dr. Charles H. Dunn; November 4, "The Important Function of the Milk Station Nurse in the Reduction of Infant Mortality," Dr. John Connolly; November 18, "Hospital Architecture," Mr. Edward Stevens; December 2, "Accidental Infections in Syphilis," Dr. Morton Smith; December 16, "Character," The Reverend Samuel Drury; January 6, "The Ear," Dr. George Loring Tobey; January 13, "Alaska with Stereopticon Views," Mr. Frederick Brooks; January 20, "Joint Infections and Their Treatment," Dr. MacAusland; February 3, "The Murphy Treatment," Dr. John Connolly; February 18, "Tuberculosis," Dr. Charles S. Millet; March 3, "The Treatment of Pneumonia in Children," Dr. Henry Bowditch; March 17, "A Trip Abroad in the Interest of Nursing," Miss Martha Stark; March 31, "Treatment of Diseases of the Heart," Dr. Eliot P. Joslin; April 7, "The Eye," Dr. P. Somers Smythe; April 21, "Tuberculosis Work at the Boston Dispensary," Miss A. S. Petersen; May 5, "Surgical Technic," Dr. Farrar Cobb; May 19, "Obstetrical Nursing," Dr. James Torbert; June 2, "Nursing in Relation to the Nervous System," Dr. E. W. Taylor. The club has rented another suite in addition to the one it now occupies.

THE MASSACHUSETTS GENERAL HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting in the Thayer Library on October 26, Miss Anderson, the president, presiding. The meeting was well attended and was made interesting by the reports of the delegates who attended the Associated Alumnae meetings in Minneapolis. The treasurer's report of the Sick Relief Fund was encouraging. Six applications for membership were accepted. The meeting was followed by a social hour.

Boston Harbor.—THE LONG ISLAND HOSPITAL NURSES AND DOCTORS enjoyed an unusually pretty Hallowe'en party. The decorations of the nurses' home were orange and black with witches and pumpkins in plenty. Games and dances divided the time, and fortunes were told by some of the nurses dressed as witches and gypsies. Dr. Donlon, superintendent of the hospital, provided refreshments, and Miss Chisholm, superintendent of nurses, acted as hostess.

Malden.—THE MALDEN HOSPITAL ALUMNÆ ASSOCIATION held its monthly meeting at the home of the president, Mrs. Carter, at Everett, on the evening of November 2, with ten members present. Dr. William H. McBain gave a lecture on "Obstetrics in Private Practice." The next meeting will be held December 7, at 7.30 P.M. in the lecture room of the nurses' home of the Malden Hospital. Dr. C. D. McCarthy, who has recently returned from a trip abroad, will lecture. All graduates are invited.

RHODE ISLAND

THE RHODE ISLAND ASSOCIATION OF GRADUATE NURSES has new officers as follows: president, Abby E. Johnson; vice-president, Elizabeth F. Sherman; recording secretary, Sarah Barry; corresponding secretary, Rhoda G. Packard; treasurer, Lottie A. Beckwith.

CONNECTICUT

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its regular quarterly meeting at Wright Hall, Hartford, on November 3. Miss Wilkinson presided. The secretary's report was read and approved. The chairman of the membership committee reported that eighty-three members had made no response

to the notice sent to all whose dues had been unpaid for two years. It was voted to send further notices stating that after three months their names would be dropped from membership. Miss Wilkinson made an address on the needs of the association and of the examining board. Winifred Hardiman read a paper on tuberculosis, dealing principally with the conditions in hotels. This was followed by a discussion. There followed a social hour with music and refreshments. The next meeting will be held in Waterbury the first Wednesday in February. Thirty-six members were present.

EDITH BALDWIN LOCKWOOD, R.N., Secretary.

Hartford.—THE ST. FRANCIS HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION held its semi-annual meeting on November 3, with the following program: Registration of members, payment of dues, reading of minutes of last meeting, reports of president, secretary, and treasurer. Papers: "The Nurse's Duty in Caring for a Typhoid Patient," H. A. Garvey, 1907; "The Private Duty Nurse," M. Kiniry. Election of officers: president, N. A. Ryan, 1902; vice-president, M. T. Ryan, 1906; secretary, E. I. Marshall, 1907; treasurer, R. T. Moore, 1908. Executive Committee, H. A. Garvey, 1907, M. A. Sayers 1904, E. A. Fitzgerald, 1907. The address to the alumnae, composed by A. Z. Lynn, 1910, and delivered by S. C. Martin, 1910, paid a glowing tribute to the president and to each class in particular, concluding by wishing the class of 1910 the same success as their elder sisters. Several musical selections followed. Rev. Mother spoke briefly to the alumnae, urging them to continue on in their good work, emphasizing three special points: a cheery hopeful countenance while caring for the afflicted, self respect, and the spiritual as well as the corporal care of their patients. A dainty supper was served in the lecture hall. The call of duty all too quickly separated the happy band, which had come from Hartford, Waterbury, Bristol, and New Britain.

NEW YORK

THE NEW YORK STATE NURSES' ASSOCIATION held its eighth annual meeting in New York City, October 19 and 20. An unusually large number of delegates, members and guests enjoyed the excellent program. Dr. John Wyeth, president of the Academy of Medicine, welcomed the guests, and the following papers were read: "The International Congress in London," Lavinia L. Dock, R.N.; "The Working Girl and Her Problems," Mrs. Florence Kelley; "Social Service," Dr. Goldwater; "The Private Duty Nurse, Her Place and Her Opportunities," Katharine DeWitt, R.N.; "Present Methods Used in Medical Nursing," Louise M. Marsh, R.N.; "Present Methods Used in Surgical Nursing," Agnes S. Ward, R.N.; "The Nursing Service of the Metropolitan Life Insurance Company," Ella Phillips Crandall; "Red Cross Nursing," Jane A. Delano, R.N.; "The Central Registry," Sarah F. Martin, R.N.; "The Work of Nurses in Division of Child Hygiene Department of Health," Dr. S. J. Baker; "The Bureau of Municipal Research," Dr. William H. Allen. Mrs. Burrill, the president, gave a report of the Associated Alumnae meeting. The report of the Red Cross Committee was read and in compliance with its recommendation the association decided to affiliate as a body with the National Red Cross. Miss Martin's paper on central registries was the subject of much discussion and the imperative need for one in New York was emphasized. The association decided that a committee of five be appointed to confer with the county association and to report to the executive committee and to the next annual meeting. Miss Crandall's talk on

insurance nursing was full of suggestions for a great future along that line and the discussion following brought out the suggestion that the nursing of people of moderate means might be solved by the insurance companies. The invitation to hold the next meeting in Rochester was accepted. Resolutions were passed thanking the Metropolitan Life Insurance Company for the hall, the chairman of the program committee and of the committee on arrangements, the nurses of the city, and especially the out-going president for her untiring work. The new officers are: president, Mrs. C. V. Twiss, R.N.; vice-presidents, Anna L. Alline, R.N., Frida L. Hartman, R.N.; secretary, Mrs. Ernest G. H. Schenck, R.N.; treasurer, Lina Lightbourne, R.N.; trustees, Mrs. H. D. Burrill, R.N., Mary A. Samuel, R.N.; candidates for the Board of Nurse Examiners, Lydia Anderson, R.N.; Amy M. Hilliard, R.N. Nominating Committee, Misses Evans, Wadley, Bewley. Executive Committee, Misses Lurkins, Duncan, Dewey.

CIVIL SERVICE EXAMINATIONS will be held in various cities throughout the state on December 11 for the position of trained nurse in state institutions. These are open to men and women, salary, \$420 to \$600 and maintenance. Candidates must be graduates of a general hospital and training school or of a state hospital training school registered by the State Education Department. Applications must be filed with the State Civil Service Commission at Albany before noon of December 4.

THE STATE DEPARTMENT OF HEALTH is sending to the health officers of all communities in the state an outfit for free distribution for the prevention of ophthalmia neonatorum. Every physician and every midwife is supposed to have at least one of these outfits in the obstetrical bag. It consists of a small glass tube containing sufficient nitrate of silver solution for use for one child, and a sterile pipette for use in making the application. Accompanying these is a circular setting forth concisely the disease, its extent, the preventive measures for pregnant women, for the child at birth, the use of the prophylactic, and the treatment of the disease. Nurses should disseminate a knowledge of this disease, they should supply themselves with the circulars and see that they reach the women dependent on the services of the midwife.

New York City.—MISS MAXWELL, SUPERINTENDENT OF NURSES AT THE PRESBYTERIAN HOSPITAL, wishes again to call attention to the Eliza DeWitt memorial room in that hospital. It was endowed by Mrs. Morris K. Jessup in memory of her mother and is available to all graduate nurses needing medical or surgical care. It is a most beautiful memorial and one fully appreciated by members of the nursing profession.

THE POST GRADUATE HOSPITAL NURSES' ALUMNAE ASSOCIATION is to hold a fair at the Waldorf-Astoria Hotel, December 9 and 10, for the benefit of its fund for sick nurses. The members are very anxious to put this fund on such a financial basis as to preclude any possibility of disaster, and are therefore making this fair especially attractive and will have a large assortment of Christmas gifts at reasonable prices. One feature of the fair will be a raffle of a fine motor boat. The noted palmist, Sterling, will give his services for both evenings. A special feature will be a nurses' and doctors' supply table. There will be entertainment furnished by a number of noted artists.

THE NEW YORK COUNTY SUBDIVISION OF THE RED CROSS held its annual meeting on November 5. Dr. Brannan spoke on "How the Red Cross May Aid in the Fight Against Tuberculosis in New York City."

THE BELLEVUE NURSES entertained on November 2 in their attractive club rooms. A wonderfully interesting lecture upon the lay of the land of ancient Rome was given by Miss Pritchard, of Rome, Italy. The lecture was illustrated with slides of maps and pictures of buildings, and showed the various stages of the work of excavation. After the lecture, tea was served.

THERE WILL BE A MASS MEETING of the New York County Nurses' Association at the Academy of Medicine, 17 West 43d Street, New York City, on January 4, 1910, at 8 P.M. The subject for discussion will be "A Central Registry."

THE ROOSEVELT ALUMNAE ASSOCIATION held its annual meeting at the hospital on November 4, when the members elected these officers for the coming year: president, Nona Charles, R.N.; vice-president, Elsie M. Galloway, R.N.; secretary, Jessie B. Downing, R.N., 6 East 72d Street, New York City; treasurer, Elizabeth C. Burgess, R.N.; trustees Mrs. Tuttle, Misses Syme, Sheppard, Campbell, Dennison.

THE NEW YORK THROAT, NOSE AND LUNG HOSPITAL threw open, on November 1, a four-story building adjoining the hospital which has been specially reconstructed for the treatment of tuberculous patients. A night camp for men is known as the Emma Calve ward, since it is through Madame Calve's generosity the ward was furnished. It is designed for patients in the incipient stage, still able to attend to business during the day. The dormitory contains twenty-four beds, some of these being placed end to end, the length of a gallery which runs around three sides of a room; windows opening outward, and two large skylights, give practically an open-air sleeping place. The beds are made with a wool blanket on the mattress, under the lower sheet, one over the upper sheet, and an extra one at the foot of the bed. Beds are covered with dimity spreads. Beside each bed is a glass top table. Patients arrive before dinner and leave after breakfast. There are heated dressing-rooms, lavatories, and a sunken shower bath, a dining-room, and a reading-room. Diets will be carefully supervised and a general living plan outlined to the patients. Medical treatment is given as indicated.

AT TEACHERS' COLLEGE, on Fridays at 2 P.M., Miss Wald is giving a course of lectures which should interest all nurses. Those given in November were on settlement work, district nursing, and school nursing. That on December 3 will be on "Convalescence and Follow-up Work"; December 10, "The Civic Relation of Visiting Nursing, The Nurse as a Citizen."

THE LEBANON HOSPITAL ALUMNAE ASSOCIATION resumed its regular meetings at the training school on October 12. They will be held on the second Tuesday of each month at 8 P.M. until June. Every third meeting will be a social one. Ten new members have been admitted during the year. The following officers were elected: president, Anna Reilley; vice-presidents, Matilda Doyle, Grace Herrington; treasurer, Mary Dalton; secretary, Charlotte Miller, 1070 Intervale Avenue, New York City; trustees, Misses Clancy, Doyle, Horwitz; chairman of registry committee, M. J. Clancy; chairman credential committee, A. Reilley; chairman entertainment committee, M. Dalton. Ways and means are being studied whereby the association may control the nurses' registry connected with the hospital for the benefit of the Lebanon graduates. A masquerade ball is being planned for the benefit of the bed fund; the date is not set, but it will probably be in January.

MARGARET M. McCLOSKEY, graduate of the Long Island Hospital, Boston,

is taking post-graduate work at Bellevue and Allied Hospitals, and is now stationed at Harlem Hospital.

THE NEW YORK CITY TRAINING SCHOOL holds its meetings on the second Tuesday of each month at the Academy of Medicine, 17 West 43d Street. Lucy Moore has accepted a position as superintendent of the Marsalis Sanatorium at Dallas, Texas. Miss MacQueen, class of 1903, has accepted a position as head nurse at Gouverneur Hospital. E. C. Humphrey, class of 1908, is head night nurse. Kathryn Murphy, class of 1908, has accepted a position at Willard Parker Hospital. Kate B. Holden, class of 1880, completed last July twenty-five years of service for the Board of Health and retired, with many expressions of appreciation for her work. Miss Fisher, class of 1899, is organizing district work in Hackensack, New Jersey.

Brooklyn.—THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held its monthly meeting at the training school on November 2. Miss Healy, delegate to the Associated Alumnae, read a report of the meetings. Miss Dewey, chairman of the Red Cross committee, reported that three graduates were furnished for relief stations in Brooklyn during the Hudson-Fulton celebration. The club-house committee will serve tea at the club-house, 172 Lafayette Avenue, every Wednesday afternoon, from three to five, during the winter. Members are cordially invited.

THE LONG ISLAND COLLEGE HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting in November at the hospital. It was one of special interest and was well attended. Several members gave reports of the state association meeting, each taking a different subject. The association voted to give fifty dollars to the JOURNAL Purchase Fund of the Associated Alumnae, this sum to be supplemented by individual pledges. Five new members were admitted and two proposed.

GRACE SCOTT, class of 1904, Methodist Episcopal Hospital, has been appointed assistant supervisor in the Seattle General Hospital, Seattle, Wash. Martha St. J. Eakins, class of 1905, has resigned her position as head nurse in St. Christopher's Hospital, Norfolk, Va., and is taking the course in Hospital Economics, Teachers' College.

Saratoga Springs.—THE SARATOGA HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting at the hospital on November 28. The president, Miss Eighmey, presided. A talk on district nursing was given by Dr. Mills Varney. One new member was admitted. A social hour followed.

Utica.—BESSIE TIBBITS has been appointed to the position of assistant superintendent of the Training School for Nurses at the State Hospital. Miss Tibbits served a year as nurse in the Binghamton State Hospital for the Insane, and after a course of two years was graduated from Faxton General Hospital at Utica. After engaging for about two years in private nursing, she became attached to Herkimer Hospital, from which she went to Utica.

Syracuse.—THE HOSPITAL OF THE GOOD SHEPHERD ALUMNÆ ASSOCIATION held its regular meeting on October 28 with a good attendance. After transacting important business, the members adjourned to the hospital to hear an illustrated lecture on tuberculosis by Dr. B. W. Sherwood. Eight members of the association attended the state meeting in New York; Mrs. Burrill was elected a director, and Miss Lightbourne was re-elected treasurer. Ida M. Marker, who has been for two years superintendent of nurses at the Hospital of the Good Shepherd,

has resigned. She is succeeded by Edith W. Seymour, a graduate of the school, who is assisted by Jessie Broadhurst.

Rochester.—THE ROCHESTER HOMEOPATHIC HOSPITAL ALUMNAE ASSOCIATION held its annual meeting at the hospital on November 2. Elizabeth Webber, delegate to the Associated Alumnae, gave a report of the meetings. It was decided to give one share of JOURNAL stock to the Associated Alumnae. The following officers were elected: president, Bertha Phillips, 210 Alexander Street; vice-presidents, Misses Wilkins and Reed; corresponding secretary, Ida J. Anderson; recording secretary, Helen Winans; treasurer, Emily J. Jones.

NEW JERSEY

THE NEW JERSEY STATE NURSES' ASSOCIATION will hold its semi-annual meeting at the Public Library in Jersey City on Tuesday, December 7. The morning session will begin at 10. At the afternoon session Annie Damer, R.N., president of the New York State Board of Nurse Examiners, will speak on "Why New Jersey Needs Registration." All nurses, graduate and pupil, are cordially invited to attend.

NEW JERSEY has a new state law requiring physicians and midwives to file all birth certificates within five days, with a fine of fifty dollars for failing to comply.

PENNSYLVANIA

THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES issues the following statement: "The Pennsylvania State Board of Examiners for Registration of Nurses was created by the last legislature, and the appointments made by Governor Stuart; it has no affiliation with any other board, society or hospital, school or sect of medicine; its object is to protect the public and the medical profession against persons not properly educated for the responsibilities of a nurse, and give nurses due recognition for their attainment. The law provides registration for all persons, whether resident or non-resident of this state, having had two years' instruction in nursing, and graduated from training schools that, in the judgment of the board, give adequate practical and theoretical experience to make the graduate nurse capable of nursing all forms of illness. The non-residents would expedite the consideration of the application if they would send to the board as much information regarding their school of training as possible, such as catalogue of hospital, curriculum, etc. There will be no examinations held until June 1, 1912; previous to that time nurses should make application to the secretary for blanks. These, when properly filled out, should be returned to him with the fee of five dollars; the application will then be passed upon by the board and if nothing unfavorable appears a certificate will be issued authorizing that nurse to be known as a 'registered nurse.' An official pin has also been authorized, which can be bought from J. E. Caldwell & Co., of Philadelphia, for \$2.00, \$5.00 or \$6.50. The purchase of this pin is entirely optional with the individual nurse." At a recent meeting of the board 263 nurses were granted registration. A meeting was also held on November 3. All communications should be addressed to Dr. A. E. Blackburn, secretary and treasurer, 3813 Powelton Avenue, Philadelphia.

Philadelphia.—THE HOWARD HOSPITAL NURSES' ALUMNAE ASSOCIATION held its regular business meeting on October 6 at the hospital with fourteen members

present. On the evening of October 16 the alumnae gave an informal reception to the graduates of 1909. Thirty members were present; supper was served in the nurses' dining-room.

THE HAHNEMANN HOSPITAL held graduating exercises for the senior class of the training school on the evening of November 2 in Holy Trinity Parish House. There were eight graduates. On the evening of November 3 the nurses' alumnae association gave a reception to the graduates.

IDA F. GILES, R.N., has been appointed instructress of nurses at the German Hospital.

Pittsburg.—THE PRESBYTERIAN HOSPITAL GRADUATES met on October 15 and formed an alumnae association with thirty-five members. The officers are: president, Miss Speer; vice-presidents, Misses Swearingen and Stener; treasurer, Miss McWilliams; secretary, Miss Steele.

Reading.—THE READING HOSPITAL ALUMNAE ASSOCIATION held its October meeting at the training school, with twelve members present. One new member was added. A letter was read from Sarah Hallman, a graduate of the school, now superintendent of nurses at Pyeng Yang, Korea. There was a question box, and nursing questions were discussed.

DISTRICT OF COLUMBIA

Washington.—THE EPISCOPAL EYE, EAR, AND THROAT HOSPITAL is incorporating a post-graduate school for nurses. The course will cover six months with lectures by the best specialists in the city. A few students are already enrolled.

THE ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS is employing a nurse to give talks on hygiene in the public schools. Last year Mrs. Truman of the Presbyterian Hospital, New York, gave a course of lectures modelled after those which have proved satisfactory in Pittsburg; owing to ill health she is forced to discontinue her work, and the position is vacant.

ANNA J. GREENLEES, R.N., graduate of the Garfield Memorial Hospital, has recently been appointed to give a course of lectures on elementary principles of nursing to members of the Crittenden Home Training School. This is the first appointment of a nurse as a lecturer there, though several physicians are employed. The object of the school is to train matrons for the various homes throughout the country, this being the national home.

MARY E. P. DAVIS, who retired from the position of business manager of the *AMERICAN JOURNAL OF NURSING* on October 1, was appointed on November 1, secretary of the registry of the Graduate Nurses' Association of Washington.

MARYLAND

Baltimore.—BERTHA MCNAMEE, of the Mercy Hospital, has assumed charge of the nursing department of St. Joseph's Hospital, Savannah, Ga.

VIRGINIA

Richmond.—THE VIRGINIA HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION held a called meeting at the hospital on October 21, twenty members being present. Much business was transacted, followed by a social hour. It was decided to hold the meetings hereafter on the first Tuesday of each month.

The regular monthly meeting was held on November 2. As Miss Simmons, class of 1904, had taken charge of Virginia Hospital since the last meeting, a motion was made to extend to her a welcome with good wishes for her success. Miss Simmons replied expressing her appreciation. Plans were discussed for entertaining the state association in January, and several nurses are applying for state membership. Eighteen were present at this meeting. Virginia Lambert, class of 1904, has been made assistant superintendent. Helen M. Orchard, class of 1903, now superintendent of Rex Hospital, Raleigh, North Carolina, is recovering from a serious illness. Jane Anne Eckles, class of 1903, has resigned her position as superintendent of The Pines, Black Mountain, North Carolina. Miss Keister, class of 1909, has a position at the City Hospital.

Charlottesville.—THE NURSES' REGISTRY ASSOCIATION met on October 5 at the University Hospital, with eight members present. This meeting ended the first year, during which time 180 calls have been filled. Four new members were voted into the registry. The loss of two charter members was regretted. The registry was dissolved and merged into the Graduate Nurses' Association of Charlottesville, which association met half an hour later with ten members present. The officers elected for the ensuing year are: president, Miss T. Hurdley; vice-president, Miss Allen; secretary and treasurer, Mary Fletcher; committee, Ada Wilton, Isabel F. Grant, and Mrs. G. W. Harris. The association is to meet every second and fourth Tuesday during the winter, alternating between the University of Virginia Hospital and the Martha Jefferson Hospital. Miss Hurdley made a plea for a district nurse for Charlottesville and asked each member to try to interest the citizens of Charlottesville and the University of Virginia in this noble work.

THE GRADUATE NURSES' EXAMINING BOARD OF VIRGINIA will meet to examine applicants for registration at the Hotel Monroe, Portsmouth, on December 9.

LEAH DE LANCEY HANGER, R.N., Secretary.

WEST VIRGINIA

THE GRADUATE NURSES' ASSOCIATION OF WEST VIRGINIA held its annual meeting in Parkersburg, October 12-14. The sessions were largely attended and showed much enthusiasm. The following officers were elected: president, Mrs. George Lounsbury, Charleston; secretary, Mrs. M. F. Dudley, Lone Lands, Wheeling; assistant secretary, Mrs. Bullard, Wheeling; treasurer, Loretto McPhail, 1240 Lynn Street, Parkersburg. The next meeting will be held in Charleston. Mrs. Mary Carpenter was elected delegate to the Associated Alumnae meeting in 1910, with Mrs. Lounsbury as alternate.

Charleston.—A SCHOOL NURSE has been installed. There are over 5000 school children in the city and the nurse is making first a systematic examination of all backward children; she will then examine all the rest. Lectures on hygiene are given every week to the mothers, and lessons on first aid are given the teachers.

NORTH CAROLINA

Charlotte.—THE CHARLOTTE SANITARIUM'S FIRST GRADUATING CLASS met at the nurses' home October 18 to organize an alumnae association. The following officers were chosen: president, Florence L. Haines; vice-president, Katherine A. Olevill; secretary, Lena M. Weller; treasurer, Mary L. Call. A committee of five was appointed to prepare a constitution and by-laws to be voted upon

at the next meeting which will be held at Wrightsville Beach in June, 1910. There are nine members and one honorary member, Miss Cherryman, superintendent of the sanitarium.

OHIO

Cincinnati.—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION resumed its regular meetings at the hospital on November 5, Miss Roberts, the newly-elected president, presiding. In a brief address, she referred to the advantages of a central directory for nurses. After the favorable consideration of four applications for membership and the disposal of other business, an address was given by Miss Greenwood, superintendent of the hospital and honorary member of the association, on the necessity of nurses joining and supporting a central directory.

MICHIGAN

THE MICHIGAN BOARD OF NURSE EXAMINERS was appointed by the governor the latter part of September as follows: Dr. J. F. Shumway, secretary of the State Board of Health; Dr. W. Scidmore, of St. Joseph; Elizabeth Flaws, superintendent of Butterworth Hospital, Grand Rapids; Mrs. Elizabeth Tacey, graduate of St. Mary's Hospital, Detroit; Miss A. M. Galbraith, graduate of Butterworth Hospital.

Ann Arbor.—THE UNIVERSITY OF MICHIGAN HOSPITAL has made the following changes: Mary Haarer resigned as superintendent of nurses and is taking the course in Hospital Economics at Teachers' College; she is succeeded by Mrs. Anna Whitely, graduate of the Cleveland General Hospital. Ethel Chisholm resigned as assistant superintendent to become superintendent of the Union Hospital, Terre Haute, Indiana; she is succeeded by Elizabeth Holt, of Butterworth Hospital, Grand Rapids. Capitol Morley resigned as night supervisor and is succeeded by Antoinette Light, a graduate of the hospital. Ada Smith, a graduate of Bronson Hospital, Kalamazoo, and of the graduate course at the Presbyterian Hospital, Chicago, is head nurse of the men's surgical ward, made vacant by the promotion of Miss Holt. May Williams resigned as head nurse of the maternity ward to do hourly nursing in Oberlin, Ohio, and is succeeded by Marion Parks, a graduate of the hospital.

THE UNIVERSITY HOSPITAL ALUMNÆ ASSOCIATION has elected the following officers: president, Fantine Pemberton; vice-president, Marion Parks; secretary and treasurer, Antoinette Light, University of Michigan Hospital.

WISCONSIN

WISCONSIN NURSES have held two large meetings with a view to forming a state association and securing registration. At the September meeting, Caroline Seidensticker, who was largely instrumental in securing legislation in Illinois, talked on "Organization and Registration." The October meeting was highly honored by the presence of Isabel McIsaac, of Michigan, and Genevieve Cooke, of California. A committee on constitution and by-laws was appointed and the executive committee was instructed to draft and send throughout the state a circular letter setting forth the objects of the association and asking for co-operation from nurses and from school and hospital authorities. At the meeting held November 30 in Milwaukee Dr. Caroline Hedger spoke on "Moral Prophylaxis." The secretary is Gertrude Iserman, 266 11th Street, Milwaukee.

Wauwatosa.—THE MILWAUKEE COUNTY HOSPITAL, on October 22, graduated a class of nine. The address was made by Isabel McIsaac on "The Nurse's Place in the Community." The Nightingale Pledge was administered by Genevieve Cooke. An interesting feature of the evening was the presence of four generations of nurses, the superintendent of the school, Helen Kelly, being a former pupil of Miss McIsaac's, whose first superintendent, Mrs. Dewey (Miss Brown) was also present.

MINNESOTA

THE MINNESOTA GRADUATE NURSES' ASSOCIATION held its fifth annual meeting on October 12. Edith Gatzman was elected president to succeed Mrs. Alexander Colvin, who has served the association as president since its organization. There was an interesting discussion on the question of affiliating alumnae, county, and the state associations so as to equalize fees. A committee was appointed to study the matter and report at the semi-annual meeting.

Brainerd.—THE NORTHERN PACIFIC HOSPITAL TRAINING SCHOOL held its graduating exercises at Elks' Hall the evening of October 15. There were four graduates, whose class motto, "I Was Sick and Ye Visited Me," formed part of the decorations. Hon. Leon E. Lum, of Duluth, presided, and addresses were made by Dr. R. D. Campbell, of Grand Forks, and Rev. J. H. O'Mahoney. Laura Whittaker, superintendent of nurses, administered the Nightingale Pledge to the graduates and gave an interesting report of the school. Secretary Laidlaw presented the diplomas and pins. All the speakers expressed appreciation of the work of Miss Whittaker and her assistant, Miss Strangways, and regret at their contemplated retirement in the spring.

ILLINOIS

SUGGESTIVE OUTLINE OF INSTRUCTION to be followed in relation to the teaching of preliminary nursing in nurse training schools in Illinois for the first three months, prepared by the Board of Nurse Examiners.

First Four Weeks.—1. Talk by superintendent—Requisites of a woman taking up the study of a nurse as a profession, 1 hour. 2. Talk by superintendent—Personal life of a nurse. On duty. Ethics of, 1 hour. 3. Talk by superintendent—Personal life of a nurse. Off duty. Ethics of, 1 hour. 4. Care of nurses' bedroom, bathroom, etc., at the nurses' home, 1 hour. 5. Charts. Charting. Attention to be extended to the newly admitted patient. Care of patient's clothes. Care of clothes closet. Care of patient's valuables. Attention to be extended to the discharged patient, 2 hours. 6. Mechanism and care of carts, chairs, bed-side tables, bed-rests. House telephones, signals, fire-drills, etc., 1 hour. 7. Heating and ventilating systems used in the hospitals, 1 hour. 8. Care of vacant rooms. Preparation of private room for the admission of patient, 1½ hours. "Hygiene for Nurses"—McIsaac, Chapters I, II, III, 6 hours. Total number hours of class work, 15½ hours.

Second Four Weeks.—9. Care of bathrooms. Care and disinfection of bed-pans, urinals, waste buckets, rubber goods, sputum cups. Care and disinfection of discharges. Preparation for the laboratory of various specimens, such as of faeces, urine, sputum, 2 hours. 10. Care of pillows, mattresses, and clean linen. Folding of linen, care of soiled linen, 2 hours. 11. Cleaning, carbolizing, and making empty beds, 1½ hours. 12. Simple nourishments. Hospital diet

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lists. Time of feeding. Methods of feeding. Preparation of the following, to be served to patients: Milk, cold and hot; broth; malted milk, cold and hot; lemonade; egg-nog; beer; orangeade; gruel; root-beer; soda pop; buttermilk; fruit juices, 3 hours. 13. Care of patients' backs, mouths, and nails. Evening care of convalescents. Evening care of bed patients, 1½ hours. 14. Making of occupied beds. Positions of patients. Fracture beds, 1 hour. 15. Temperature, pulse, and respiration, 2 hours. 16. Baths for cleanliness. Tub, bed, spray, and sitz. Hair washing, 2 hours. "Hygiene for Nurses"—McIsaac, Chapters IV, V, VI, 6 hours. Oral review on 16 headings, 2 hours. Written review on 16 headings, 1 hour. Oral review on hygiene, 2 hours. Written review on hygiene, 1 hour. Total number of hours class work, 27 hours.

Third Four Weeks.—17. Expected results from the applications of cold and heat. Heat, moist—stupes, poultices, etc. Heat, dry—hot water bag, jug, and alternatives. Cold, dry as ice bags, coils, poultices, etc. Cold, moist, as packs, plunge bath, showers, etc. Counterirritants, such as mustard, iodine, turpentine, 3 hours. 18. Making of an anesthetic bed. Care of anesthetized patient, 1 hour. 19. Elementary *materia medica*. Making of solutions; boric acid; castor oil; common mercury compounds; common potassium comps.; common sodium comps.; iodine; alcohol; hypodermic medication; carbolic acid; magnesium sulphate; camphor; cascara; mustard; turpentine; morphine, 5 hours. 20. Elementary pelvic anatomy of women. Enemata. Douches. Catheterization, 2 hours. 21. Principles of sterilization and disinfection. Disinfection of hands, utensils, and instruments, 1½ hours. 22. Preparation of patient to send to operating room, not including the preparation of the field, 1 hour. 23. Principles of lavage and gavage. Care of the dead, 1 hour. 24. Duties and ethics of night duty, 1 hour. "Hygiene for Nurses"—McIsaac, Chapters VII, VIII, 2 hours. Oral review on 8 headings and text, 2 hours. Written review on 8 headings and text, 2 hours. Total number of hours class work, 21½ hours. Three months class work, 64 hours.

The ideal method of teaching nurses is first by placing before them the theory, followed by demonstration. Many times these may be combined. The demonstration is best taught by the following method: 1. The preparation and all work is done before the pupil by the demonstrator. 2. The preparation and after-care of materials used by the pupil and work done by the demonstrator. 3. Preparations, work, and after-care of materials done by the pupil in the presence of the demonstrator. The demonstrator may be the superintendent of nurses or one of her assistants who is equipped for the work.

No work should be done with patients until a demonstration has been completed on that especial piece of work, while baths, care of anesthetized patient, giving of medicines, critical cases for temperature and pulse, enemata, douches, catheterization, lavage, gavage, care of the dead, night duty, or special duty should not be imposed upon a pupil nurse until after said pupil has received full instructions, has done the work satisfactorily under observation, and has received the uniform.

Chicago.—THE ILLINOIS TRAINING SCHOOL ALUMNAE ASSOCIATION at its October meeting voted to give two of its three shares of JOURNAL stock to the Associated Alumnae. Miss Hay has returned from a three months' trip abroad. The following graduates have taken up private duty in distant cities: Martha M. Hirth in Salt Lake City, Utah; Bessie Howland in Portland, Oregon; Ida

Hickman in Aberdeen, Washington. Mary Watson has resigned as assistant superintendent at the Contagious Hospital to take a position in Morenci, Arizona; she is succeeded by Eleanore Reed. Miss B. Wood is head nurse in Ward 7, County Hospital. Tessora Baker is assistant superintendent at the West Side Hospital. A demonstration clinic is to be given December 2 in the amphitheatre of Cook County Hospital, by the alumnae association. There are to be a number of demonstrations including an exhibit of materials used in teaching mothers hygienic care of their babies by Christine Jaffek. Nurses from other schools are cordially invited to attend.

ST. LUKE'S ALUMNAE ASSOCIATION held its regular meeting on October 19, Miss Eldredge presiding. The members voted to give one share of JOURNAL stock to the Associated Alumnae. Dr. Joseph Brenneman addressed the nurses on "Infant Feeding." Miss Bradley has accepted the position of infirmary nurse in the Kammahamaha School for Boys, Honolulu.

INDIANA

THE STATE ASSOCIATION gives the following report of the election of officers, as presented by the inspectors of election, Florence Martin, R.N., judge: president, Mary B. Sollers, R.N., Richmond; vice-presidents, Elva Mills, R.N., Dublin, Lora Roser, R. N., Crawfordsville; secretary, Mae D. Currie, R.N., 39 The Meridian, Indianapolis; treasurer, Anna Rein, R.N., Indianapolis. Chairmen of standing committees: legislative, Mrs. Lillian Edgerly, R.N., La Fayette; by-laws, Lizzie Cox, R.N., Elizabethtown; credential, Mrs. Martha Elliott, R.N., Fort Wayne; public health, Mrs. Charles J. Cook, R.N., Indianapolis; alms-house nursing, Mrs. Frances Teague, R.N., Marion; Red Cross, Elizabeth Johnson, R.N., Indianapolis; arrangement, Florence Martin, R.N., Indianapolis; nominating, Anna Rein, R.N., Indianapolis.

NEBRASKA

THE NEBRASKA STATE BOARD OF NURSE EXAMINERS is ready to receive applications for registration. Communications should be addressed to the secretary, Anna E. Hardwick, Orthopaedic Hospital, Lincoln, Neb.

THE NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES held its third annual meeting at the Methodist Episcopal Hospital, Omaha, October 28, with a large attendance. Miss Fisher, delegate to the Woman's Federated Clubs convention held in Lincoln in October, gave an interesting report. Miss Hardwick reported that the Board of Registration is ready to receive applications. It was decided that the association should hold its meetings quarterly instead of monthly, and that the January meeting be held in Lincoln. The topic of papers and discussions is to be "Nursing of the Insane." Miss Fisher was appointed to arrange the program. Mrs. Edholm, secretary of the State Tuberculosis Association, gave an address in the interest of the Christmas stamps. The members agreed to assist in selling them. The gift of a silver cup was made to Mrs. Pinkerton, the retiring secretary, for her infant daughter. Mrs. Pinkerton has been untiring in her services and her resignation was accepted with regret. The following officers were elected: president, Nancy L. Dorsey, Omaha; second vice-president, Carrie Louer, Omaha; secretary, Lillian Stuff, 720 North 25th Street, Lincoln; treasurer, Mary Dueker, Omaha; directors, Mrs. A. G. Pinkerton, Catherine Wollgast.

Omaha.—THE SUPERINTENDENTS OF TRAINING SCHOOLS held an informal meeting on November 2 at the Methodist Episcopal Hospital to discuss the advisability of organizing a local society of superintendents. The following officers were elected: president, Victoria Anderson, Methodist Episcopal Hospital; vice-president, Miss Todie, Clarkson Memorial Hospital; secretary, Miss Allen, Methodist Episcopal Hospital. It was decided that the association meet monthly at the various hospitals and that the program committee prepare papers for discussion.

MISSOURI

THE MISSOURI STATE NURSES' ASSOCIATION held its fourth annual meeting in St. Louis, October 7 and 8. One of the most important items of business was the choosing of names to be sent to the governor for his selection in appointing the Board of Examiners for State Registration. This board was recently appointed and consists of the following members: Mrs. F. E. S. Smith, St. Louis; Miss Gerding, St. Louis; Miss Forrester, Kansas City; Miss Tooker, Springfield; Miss Landis, Hannibal. The association voted to extend an invitation to the Associated Alumnae to hold the meeting in 1911 in St. Louis; also to send the amount, pledged by its delegate in Minneapolis, to the *AMERICAN JOURNAL OF NURSING*. Addressees were given by Dr. Stewart, Dr. Moore, and Dr. Reed, all of which were especially interesting and helpful. The social features of the meeting were luncheons served by the St. Louis nurses; the Centennial Ball of All Nations on Thursday evening, and a reception at the St. Luke's nurses' home on Friday evening. The next annual meeting is to be held in St. Joseph. The following officers were elected: president, Charlotte B. Forrester; vice-presidents, L. E. Keeley, Louise Dierson; recording secretary, Anna Love; corresponding secretary, Eva M. Roseberry, 1208 Wyandotte Street, Kansas City; treasurer, Mary E. Stebbins.

OKLAHOMA

THE STATE MEETING at Guthrie in October was a most successful one. The program was carried out almost without change. Mrs. Scroggs's paper and her presence were both inspiring to the members. Mrs. Beaty, of Texas, was unable to attend. The association has now eighty-one members and there was an attendance of thirty-four, which was very good when it is considered that nearly all are private duty nurses. The next meeting will be held in Muskogee. Guthrie has but six members, but they were most successful in entertaining the convention and were aided by the physicians of the city and their friends. The new officers are: president, Rae L. Dessell, R.N., Oklahoma City; secretary, Martha Randall, R.N., 106 East 5th Street, Oklahoma City; treasurer Mrs. Margie Morrison, R.N., Guthrie. Mrs. Morrison was chosen delegate to the Associated Alumnae in 1910, with Miss O'Donnell as alternate.

COLORADO

Pueblo.—LAURA A. BEECROFT, superintendent of nurses at Minnequa Hospital, who has been ill with typhoid fever, is improving. Elizabeth G. Costalin, class of 1908, Minnequa Hospital, has been appointed superintendent of the Denver and Rio Grande Hospital at Salida. Elma G. Goodman, class of 1908,

has been appointed superintendent of the Stag Fuel Company Hospital, Dawson, New Mexico.

WYOMING

THE NURSES' EXAMINING BOARD OF THE STATE OF WYOMING will hold examination of applicants December 7 and 8 at Cheyenne. For particulars apply to Mrs. Amy E. Miller, Sheridan, Wyoming. S. J. MCKENZIE, Cheyenne.

NEW MEXICO

Silver City.—THERE IS A GOOD OPENING for two graduate nurses at this place. Silver City is a small western town, but there are many nice people living on surrounding ranches and there are no nurses in the vicinity.

WASHINGTON

THE STATE BOARD OF EXAMINERS held a four days' session in Seattle in September. A large number of applications were received and 135 nurses were granted certificates of registration. The next meeting will be held in Spokane in June, 1910. Nurses interested may obtain the necessary blanks from Mrs. A. W. Hawley, 718 East Howell Street, Seattle.

Seattle.—THE KING COUNTY GRADUATE NURSES' ASSOCIATION held a meeting at the registry on November 1, the vice-president presiding. Minutes of the previous meeting were read and approved. The treasurer's annual report, the report of the registry, and the report of the executive committee were placed on file. Mrs. Bessie Davies reported the work of establishing, at Riverton, a sanitarium for tubercular patients, which is progressing favorably, and spoke of the advisability of erecting a cottage for afflicted nurses at the same place, and outlined a plan by which this object might be accomplished. The subject was favorably discussed and will be taken up for final consideration at the December meeting. Dr. Maud Parker gave the third of a series of lectures on "Moral Prophylaxis." The subject was generally discussed and after a vote of thanks to the doctor the meeting adjourned. Belle Record, a graduate of Chicago Baptist Hospital and a member of the King County Graduate Nurses' Association, has left for North Yakima, where she has opened a general hospital, and has also taken steps to organize a graduate nurses' association.

BIRTHS

ON November 3, a son to Mr. and Mrs. Tracy. Mrs. Tracy is a graduate of St. Luke's Hospital, Chicago.

AT Winnetka, Ill., twin boys to Mr. and Mrs. H. A. Carpenter. Mrs. Carpenter was Miss West, a graduate of St. Luke's Hospital, Chicago.

ON August 25, in Brooklyn, a son to Mr. and Mrs. Battel. Mrs. Battel was Miss B. Straley, class of 1906, Methodist Episcopal Hospital, Brooklyn.

ON October 3, at Richmond, Virginia, a daughter to Dr. and Mrs. Lowndes Peple. Mrs. Peple was Dorothy Stickney, class of 1896, Virginia Hospital.

ON September 18, near Craigsville, Virginia, a son to Mr. and Mrs. Oswald S. Wallace. Mrs. Wallace was Ellen Rosen, class of 1895, Jewish Hospital, Philadelphia.

MARRIAGES

ON September 1, Julia Hagelganz, class of 1909, Howard Hospital, to Albert Sharman, sergeant in the United States Navy.

AT Baguio, Benguet, P. I., Catheryn Cleland, class of 1901, Long Island College Hospital, Brooklyn, to John O. Wagner.

SUSAN MARIE CULLEN, graduate of Mercy Hospital, Chicago, to Frank R. Hedrick. Mr. and Mrs. Hedrick will live in Kansas City.

ON September 29, Lillian Burgin, class of 1907, Knoxville General Hospital, to John B. Johnston, M.D., superintendent of the hospital.

ON March 26, in New York City, Elsie E. Frederick, class of 1907, Methodist Episcopal Hospital, Brooklyn, to Frank Conrad Keil, M.D.

ON August 11, in Cumberland, B. C., Lydia Jane Mounse, graduate of the Methodist Episcopal Hospital, Brooklyn, to John B. Bennett.

ON October 12, at Winnipeg, Canada, Georgie Everett Heales, class of 1904, Long Island College Hospital, to Gerard Alexander van Dorsser.

ON June 30, at Upper Montclair, New Jersey, Florence May Hallett, class of 1907, Methodist Episcopal Hospital, Brooklyn, to William Henry Areson, M.D.

ON August 18, Margaret Culbert, class of 1905, Methodist Episcopal Hospital, Brooklyn, to Joseph Rodgers. Mr. and Mrs. Rodgers will live in Barre, Canada.

ON September 9, at Seattle, Washington, Evelyn M. Osgood, class of 1890, Maine General Hospital, to Herbert Morrison. Mr. and Mrs. Morrison will live in Seattle.

ON October 3, at Dillon, Montana, Carrie Lucetta Emerick, class of 1902, Miami Valley Hospital, to John Helming. Mr. and Mrs. Helming will live at Fox, Montana.

ON August 11, in Spokane, Wash., Julia C. Sandberg, class of 1904, Methodist Episcopal Hospital, Brooklyn, to Isaac Waring. Mr. and Mrs. Waring will live in Seattle.

ON November 7, at St. Mary's Church, Chicago, Mary Alice Gough, a graduate of Mercy Hospital, to William H. Murphy. Mr. and Mrs. Murphy will live in Chicago.

ON November 4, at St. James Church, Chicago, Elizabeth Sherlock, graduate of Mercy Hospital, to Charles E. Redmond. Mr. and Mrs. Redmond will live in Kalamazoo, Michigan.

ON June 1, at Wilkes-Barre, Pa., Pearl Rogers, class of 1905, Methodist Episcopal Hospital, Brooklyn, to Eliot Bishop, M.D. Dr. and Mrs. Bishop will live at 46 Yates Avenue, Brooklyn.

ON October 14, at Griffin Corners, N. Y., Margaret M. Ballard, class of 1909, Jamaica Hospital Training School, to Robert N. Whitley. Mr. and Mrs. Whitley will live at Richmond Hill, Long Island.

ON September 27, at Flint, Michigan, Capitola Morley, class of 1907, University of Michigan Training School, to Hugo Altnow, M.D. Dr. and Mrs. Altnow will live at Mandan, North Dakota.

ON September 14, in Boston, Hanna R. Hogan, class of 1902, McLean Hospital, Waverley, Mass., class of 1905, Massachusetts General Hospital, to William Leavy. Mr. and Mrs. Leavy will live in Melrose, Mass.

ON August 18, at Harvey, New Brunswick, Georgina L. Nesbitt, class of 1895, Massachusetts General Hospital, to Alexander Little. Mr. and Mrs. Little will live at York Mills, York County, New Brunswick.

DEATHS

ON September 17, at the Jewish Hospital, Philadelphia, Mrs. May Ecterwocht, class of 1908. Mrs. Ecterwocht was a devoted and conscientious nurse. Her suffering was great but was borne with the fortitude of a soldier. It is the first death in the alumnae association of which she was a member. Her associates will feel her loss.

ON October 2, Ella Sears, a graduate of St. Luke's Hospital, New Bedford, class of 1889. Miss Sears was for nineteen years superintendent and matron of Morton Hospital, Taunton, Mass., and had exceptional ability not only as a nurse, but as an executive officer and instructor, and she will be greatly missed by all connected with the hospital. As superintendent of nurses she won the love, esteem, and friendship of her pupil nurses and graduates. For many months she was a great sufferer, but bore her illness with Christian fortitude.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

ATLAS OF PHYSIOLOGY AND ANATOMY OF THE HUMAN BODY. By Alfred Mason Amadon, A.M., M.D. Price \$3.50. Little, Brown & Company, Boston.

Prepared for the use of public schools, this book consists of a series of colored plates with parts overlaid to show dissections and accompanied by copious notes. It simplifies the identification of the various parts of the human viscera, the muscles, and the human skeleton in a way that appeals to the beginner in the study of anatomy and physiology, and is valuable for quick reference, as one is able to find quickly and easily any part of the physiology or anatomy of the human body.

DIETETICS FOR NURSES. By Julius Friedenwald, M.D., Professor of Gastro-enterology in the College of Physicians and Surgeons, Baltimore; and John Ruhräh, M.D., Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Second Revised Edition, 12mo volume of 393 pages. Price \$1.50 net. W. B. Saunders Company, London and Philadelphia.

This book was reviewed at some length in these pages when it made its first appearance, since when it has become well known and widely used in the nurse training schools of the country. The new edition shows few changes; the chapter on milk has been rewritten, and some new matter added in Chapter III on food adulterations, tests for detecting artificial coloring, and for preservatives of a harmful nature.

COOKING FOR TWO, A HAND-BOOK FOR YOUNG HOUSEKEEPERS. By Janet Mackenzie Hill, Author of "Salads, Sandwiches, and Chafing-dish Dainties," "The Up-to-date Waitress," etc. Price \$1.50 net. Little, Brown & Company, Boston.

If Dickens were to return to this world and take up his novel writing once more he would find himself minus several characters from which he was wont to construct "situations" for his books. There is no longer any place in life for young housekeepers like Dora Copper-

field or Bella Wilfer—whose amazing yet charming, ignorance of domestic details made us laugh and cry. "Cooking for Two" smoothes the way for the most ignorant and makes housekeeping, with or without the help of a maid, a mere joke, or, better still, the most wholesome and salutary exercise for a young woman who wishes to keep healthy, happy, and keep her husband in the same excellent condition, and at the same time do so at the least possible cost to the resources at her command. Directions are given for the proper use of fuel, particularly of gas and its vehicle the gas range, including the reading of the gas meter. A list of necessary articles for kitchen and pantry, which includes nothing except indispensable utensils, and ranging from the pots and pans to the fine table linen, silver, and china; the writer being equally emphatic on the need of proper equipment and proper economy; a few hints on the whys and wherefores, and the book proceeds to recipes, menus, and the usual cook-book contents, with the difference that all recipes are gauged for two instead of the usual larger scale.

HYDROTHERAPY. By William T. Dieffenbach, M.D., United States Delegate and Vice-President of the first International Congress on Radiology and Ionization at Liège, Belgium; former Professor of Bacteriology, New York Medical College and Hospital for Women; Professor of Hydrotherapy, New York Homœopathic Medical College and Flower Hospital, etc. Rebman Company, 1123 Broadway, New York.

Hydrotherapy, which Dr. Dieffenbach is pleased to call the "step-child of medical practice," and which he shows to have been used from the most remote times, is most interestingly set forth in the present volume. Under this head is included the following list: 1. Baths: (a) half bath; (b) full bath; (c) sitz bath; (d) foot bath; (e) hand bath. 2. Douches: (a) general, and (b) local. 3. Affusions: (a) general, and (b) local. 4. Ablutions: (a) general; (b) section; (c) local. 5. Packs, compresses, foments. 6. Ice bags; hot-water bags; coils and tubes. 7. Turkish and Russian baths; steam boxes; dry hot-air apparatus. 8. Imbibition; lavage, irrigation, clysis, enemata (simple and retention).

These various means of the use of hydrotherapy are minutely described in some fifteen or sixteen chapters, and the remainder of the book is devoted to the practical application of these measures in a long list: toxæmias, diseases of nutrition, diseases of special organs, nerves, blood-vessels, etc., ending with the special treatment of mental

disorders by hydrotherapy. It is not confined to any school—the use in homœopathy and allopathy finds here common ground, there being apparently one best way for all, which way one must read the book to know.

FOOD AND COOKERY FOR THE SICK AND CONVALESCENT. By Fannie Merritt Farmer, Principal of Miss Farmer's School of Cookery, and Author of "The Boston Cooking-School Cook Book," and "Chafing-dish Possibilities." Price \$1.50 net. Little, Brown & Company, Boston.

A new issue of Miss Farmer's well-known and widely appreciated cook-book appears among the autumn books. While it does not claim to teach dietetics, it does so to a certain extent, although its chief mission is to teach the proper preparation of food for all stages of human necessity, from infancy to old age—making for the prevention of disease and the maintenance of sound healthy bodies. As in its first edition, this book does not go into the study of physiology or the chemistry of food further than to briefly indicate the relation of food to the human body and the essential elements to be supplied for proper balance of the processes of assimilation of nourishment and the excretion of waste matter. The book adheres rather strictly to its title and is beyond all doubt the best cook-book of the many that are offered in the field of invalid cookery.

OFFICIAL DIRECTORY.

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